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The Journal of Ayurveda

or the Hindu System of Medicine.

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Kaviraj SHIBNATH SEN, B.A., M.B., KAVIRATNA.

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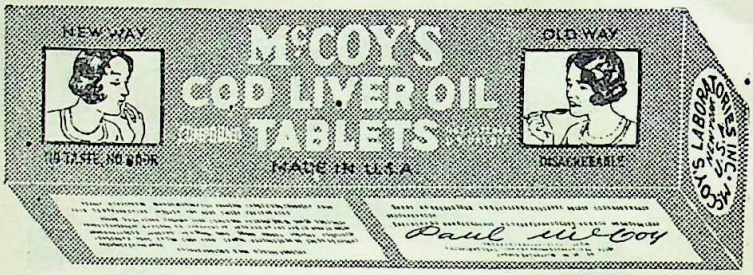
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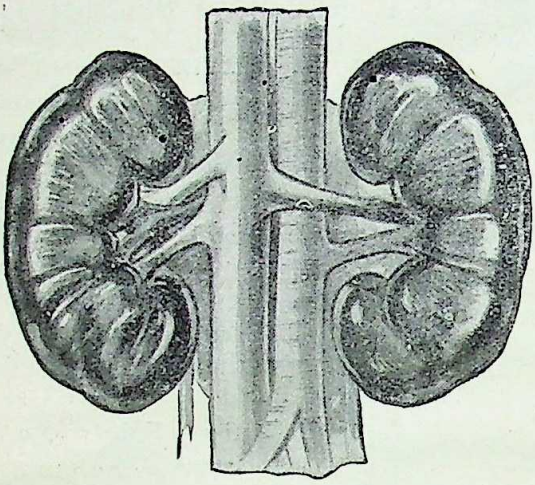
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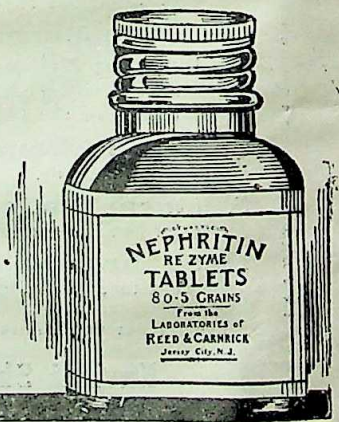
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THE JOURNAL OF AYURVEDA

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Ayurveda—As it should be

We have presented our readers in these columns last month with something that goes to acquaint them with some of the difficulties that stand in the way to progress and healthy development of Ayurveda. There is, of course, no doubt that thousands of years ago Ayurveda shone in its full glory and attracted great scholars from Egypt, Arabia, Rome and Greece as it was then the fountain-head of all medical knowledge. But the various vicissitudes of fortune that befell India during the last two thousand years have reduced the great edifice of Indian culture almost to ashes and relics. It is rather wonderful how scientific knowledge, preserved in the present-day Ayurveda, has survived the ravages of time. The practical application of the sound principles of pathology and treatment as also the scientific formulas of the sages still give immence relief to millions of people in India. But the limitations of Ayurvedic practice are now many and one must not forget them. If Ayurveda is to be the national medical system of Hindusthan, it has to be remodelled and supplemented to cope with the other rival systems of Healing Art. It has got to enthrone itself in the hearts of the people and the scientific men of the world before it is fully recognised and honoured.

The following may be suggested as remedies for the restoration and development of Ayurveda as it should be :—

Correct and carefully revised editions of standard works, such as Charaka and Susruta should be published

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by a special publication department under the aegis of some competent association or institution. Doubtful readings should be carefully scrutinised before acceptance or rejection by eminent scholars. New text books should be written to fill up the gaps already existing due to the loss of authoritative text books on some important allied subjects, e.g., Anatomy, Pathology, etc. Prizes and medals should be awarded for writers of such books, which should be preferably written in Sanskrit. Even free translation from foreign works on similar subjects may not be objectionable, provided they are supplementary to what is already existing in Ayurveda.

A thorough reorganisation of the present system of Ayurvedic Examinations. More stress should be given on practical examination in each subject. More institutions should also be established to impart knowledge of Ayurveda in its true sense. Model Ayurvedic Colleges and Hospitals may also be established, so that other institutions may follow suit.

Teaching in these Colleges should be fundamentally practical, books being taught in a scientific manner. In hospital practice, clinical training should be based more on experiments, observations and inference than merely on the rule of thumb. Many diseases have changed in nature and many new diseases have been evolved since the days of Charaka and Susruta. Clinical diagnosis may also be verified by reference to the pathologists whenever in doubt. Post-graduate education is also necessary in order to complete the knowledge of the students.

A uniformity of standards should be established in the teaching of Ayurvedic Institutions so as to establish a uniformity in the standards of competency.

Indroduction of better methods of diagnosis is of next importance. Diagnosis was done in ancient times with the help of the senses, interrogation and other clinical methods but the old Rishis did not put a ban on the use of instruments. There can therefore be no ban on the use of

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thermometer, stethoscope, sphygmomanometer or the Roentgen Ray for diagnosis. Diagnosis merely by the examination of pulse might have been possible in olden times but it is at present not of great avail at least with majority of medical men. Pulse, of course, gives a very important clue to diagnosis but not all information, so that there can be be no harm in using modern instruments for diagnosing the disease for the sak of the patient at least.

Proper identification of herbs and drugs with the help of botanists and chemits is another important item. Much work has already been done in this direction by great scholors like Col. Kirtikar, Prof. Nadkarni, Jadavji, Tricumji, Degvekar, late Dr. Deshai, Indraji, Major Chopra, Father Caius and Dr. Mhaskar but yet much remains to be done.

Research in the action of indigenous drugs both from the Ayurvedic and Pharmacological point of view should be undertaken in right earnest. Some work has been done already at the Tropical School of Calcutta, Astanga Ayurveda College and other institutions but that is quite insignificant when the vast materia medica of Ayurveda is taken into account. It is definitely true that the materia medica of Ayurveda is very sound and the properties of drugs stated therein are capable of demonstration and so, much benefit might come out of a thorough research.

There should be an all India drugs identification committee to advise all vaidyas on the correctness or otherwise of drugs sent to them for identification by the workers. The Hindu University, Benares, has shown the way and it is expected that a pharmacological department would also be added to that institution.

Some western drugs of known potency should be incorporated in the Ayurvedic materia medica. There might be some objection to such a procedure but it is not incompatible with the famous dictum of the great Charaka "तदेव युक्तं भैषज्यं यदारोग्याय कल्पते"। Medicines like

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quinine, morphine. Antimony or Bromides could be absorbed in Ayurveda with advantage. Science is no monopoly of a certain people and if western medical science can with advantage incorporate Musk, Kutaja, Guduchi and other Ayurvedic remedies in its materia medica, there is no earthly reason why Ayurveda should not enrich herself by similar incorporation,

The morale of practitioners of Ayurveda should also be raised by raising professional ideals and forming a code of medical ethics amongst them. The high respectful profession of the Rishis is now gradually coming down to shop-keeping. Although it is not possible in these days of continuous sturggle to offer free medicine and treatment to the patients, yet the ideal must be there, so that really poor sufferers may get free treatment whenever required. Exaggerated advertisements about Ayurvedic medicines as found in almost all news-papers and periodicals should also be stopped. It is doing rather a disgrace to the great science to advertise one preparation as the panacea for all diseases, known and unknown. Advertisements should only state the properties a particular medicine possesses, so that people using same may not ultimately hold Ayurveda itself up to ridicule.

H. N. C.

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The International Congress for Sex Research will meet in London to investigate the fascinating problem of Sex Appeal.

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Original Articles

AYURVEDIC THERAPEUTICS

OR

THE THEORY OF RASA, VIRJA, BIPAKA & PRAVABA

BY

VAIDYABHUSANA PURUSOTTAM SASTRI HIRELEKER,

AMRAOTI.

(Continued from our last issue).

PRABHAVA.

When the action of a substance that is perceived in the mouth, inferred of from the changes in the organs of digestion and pervading the whole body through blood (in the form of Veerya), is specially discernible in a particular part of the body, it is termed "Prabhava" in the Terminology of Ayurvedic Therapeutics or in the Science of Rasa, Veerya, Vipaka and Prabhava. The words Veerya and Prabhava have same meaning. But in Therapeutics, they are used in different senses for the sake of practical convenience, Veerya meaning the whole-bodily action and Prabhava meaning the particular action or power. The definition of Prabhava as given in Ayurveda is—

रसादि साम्ये यत्कर्म विशिष्टं तत्प्रभावजम्। (अ. हृ.)

विशेषः कर्मणां चैव प्रभावस्तस्य च स्मृतः (चरकः)

प्रभावोऽचिन्त्य उच्यते। (सुश्रुत)

i.e. While there is evenness in the actions of Rasa, Veerya and Vipaka, the special action of a substance is said to be the action of Prabhava.

Every substance is likely to have in more or less degree some such speciality. Therefore, it is impossible to fix any hard and fast rule of this special action, and same is to be fixed by experience. That is why Prabhava is said to be अचिन्त्य or incomprehensible in the ancient Ayurvedic texts :—

अमीमांस्यान्यचिन्त्यानि प्रसिद्धानि स्वभावतः।

आगमेनोपयोज्यानि भेषजानि विचक्षणैः॥ (सु सू अ. ४०)

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i. e. The learned should use substances whose properties are definitely known, according to their usages given in the original texts, as the same are inconceivable and uninvestigable.

प्रत्यक्षलक्षणफलाः प्रसिद्धाश्च स्वभावतः।
नौषधीर्हेतुभिर्विद्वान् परीक्षेत कथंचन॥ १॥
सहस्रेणापि हेतूनां नावेष्टादिर्विरेचयेत्।
तस्मात्तिष्ठेत्तु मतिमानागमे न तु हेतुषु॥ २॥ (सुश्रुत)

i. e. A learned man should not try to investigate a substance by means of reason, the qualities and actions of which are well-known and actually experienced. Even by thousands of reasons, the अंवष्ठादि Group (having a certain number of herbs beginning with अंवष्ठा or Spondius Magnifera) will not be a purgative group. One should, therefore, depend upon Texts and not on imaginary reasons.

If, however, we give decision about Prabhava in this way, then the path of reasoning or discrimination is totally stopped. Why does every substance produce a particular effect? Because of its Prabhava (power?) and because the same is stated in the Text. This simple answer finishes everything. Then what was the necessity of discriminating the Rasa, Vipaka and Veerya? If the actions of all substances be told to be experimental or incomprehensible, the task would have been too easy. But if the three have already been considered and some reasons have also been given for them and some inferences and demonstrations have been arrived at, then why alone is Prabhava incomprehensible? If this is to be taken for granted, then as queried in the beginning of this compilation, we shall have to accept and take this demonstration of Therapeutics to be true that a certain substance was caught hold of at random and was put to use in the same way and the experiences written down! Besides, it can also be questioned that when general reasons and contrivances of the result of a substance after it is associated with the gastric juice (विपाक) and of that in the Rasa and Blood Dhatus (वीर्य), are given, should not there be at least an idea about its special action? After having formed an idea about same, would it not be improper if there be any exceptions to the common rule laid down? But if there be no common rule and only the scriptural authority to be followed word for word, then what about the qualities in more or less degrees, or the contrary qualities of substances given in many authoritative

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texts? So also, how should we understand the properties given in the texts? For, there will be inconsistency in the properties of a substance given in a group. One substance alone is said to be the dispeller of contrary disorders (of the three Doshas of the body), producer of the contrary properties, or effector of many diseases. How then are we to understand from amongst these the common and the special? For the sake of this, there must be at least an idea of the speciality of Veerya and Prabhava based upon some principle. Even a number of properties, given in accordance with the general rules of Veerya of a substance which does not have any special power or does not necessarily produce or dispel a particular disease, will do no harm. If a substance is hot and its effect upon the body is burning, then there will be no objection if it is said that that substance produces such diseases as are likely to be produced by burning or dispels such as are produced by cold. But some substance might be such that even though its hot action is pervading in the whole body, it is specially so on some particular part of the body. If this is so, how are we to distinguish between the general and the special? Even by general observation of the universal creation we know that it is impossible that one substance should bring about a special action on more than one part of the body in the same proportion. Those are only the disease-producing and disease-dispelling substances which while doing the general work, produce a special effect on a particular part of the body. Bilva's (Bellae fructus) contracting property is its common action. But the same is specially experienced in the bowels, and then its prabhavi (powerful) action is seen in diarrhœa. Trikatu (Ginger, Pepper and Long Pepper) destroys obesity, cough, elephantiasis and nasal catarrh. But on which of these is it specially effective? Punarnava (Boexhanta Diffaha) cures Menorrhagia, Anasarca, Anaemia, etc., but which of them chiefly? Atarusha (Aghatoda Vasica) cures many diseases such as cough, scurvy, jaundice, discolouration of the skin, fever, asthma, urinary diseases, tuberculosis, skin diseases, thirst, vomiting, etc., but which of these are specifically cured by the same? Surasa (ocimum sanctum) cures cough, hic-cough, skin diseases, relieves pain, cures fever, vomiting, etc., but without knowing any special principle in its use that it is useful more in such and less in such a disease, how is the substance of such innumerable qualities to be brought into use? And if all of them are specifically

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experienced and in the same proportion, then what on earth is the necessity of a thousand and one medicines? There are so many properties in only Triphala (Terminalia chebula, Terminalia bellerica and Phyllanthus embelica), Trikatu (Ginger, Pepper and Long Pepper together), and Dasamulas (Roots of five big trees beginning with "Aegle marmelos" and five small beginning with solanum Xanthocarpum), that there is no necessity of other medicines at all. But this is impossible. Whatever may be the substance, if we think that its various properties are experienced in the same proportion, then it will be stupifying the ancient authors.

While thinking about properties, another thing comes into view, and that is that there is some speciality in each component and each part of the body. The common disease-producing cause (Hormones) is the disorder of three humours (त्रिदोष), but the formation of a particular disease by them requires a particular kind of disorder in a particular part of the body. Then it goes without saying that a particular kind of medicine is required for this particular kind of disorder. It is true that the disorder of one Dosha produces many diseases, and as long as symptoms of the same are dependent and are of common nature, common remedies on the same prove to be effective. When Kapha (one of the three main Doshas) is disordered, and its general symptoms—cough, asthma, loss of appetite, vomiting, sluggishness, etc. have appeared, then if a common medicine removing the disorder of Kapha is used, they will all disappear and such experience will go to prove that one medicine alone acts on four defferent places. But this will be a mistake.

When more than one symptom of ordinary nature are seen on account of the common disorder in the abode of Kapha, then a common medicine diminishing that common cause will remove all of them. But then only the general property of that medicine of vanishing the disorder of Kapha will be seen. Such treatment will be called the Cause Treatment (Karana Chikitsa) But in a state where there is cough and no asthma, there is sluggishness and no asthma, there is asthma and no cough, there is none of this except sluggishness,—if the common medicine is used, then while trying to diminish the quantity of Kapha in the place where it causes asthma, its healthy proportion in some other place will be diminished and instead of the disease being cured, harm will result. That is why a medicine should be such

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that will act upon a particular place. In Pathology, disease and symptoms is a subject that should best be considered, and if the disease is not differentiated from the symptoms, success in treatment will be left to luck. One disease may have many symptoms; when once it is a disease, it will be a symptom at some other time; and one of the symptoms will take the form of a disease. So then the medicine should be specific or effective on the actual part affected. Suppose fever is the disease and there are such of its symptoms as diarrhoea, tympanites, burning, etc. Here if a medicine having along with others a fever-curing quality, it will appear to have dispelled the disease, but here the chief disease is fever, and unless it has subsided, there cannot be any lasting effect. On the contrary, at anothe time, diarrhoea is the disease and fever, etc. are its symptoms. Here again, if the above medicine be used on seeing its so many properties. the same will not be effective. In such a case, the medicine should possess the above properties, but it must have chiefly the property of checking diarrhoea, and such different modes of treament have been given in the ancient texts. This will show that even though there may have been told many properties of a substance, it appears that there was an idea at the same time as to which of them were chief and which were their dependants, and the same is discriminative of the usage, and if this was so, there must have been also some means to note down this differene. Then, how is अर्शांसि आन्त्रविद्रध्यानि and अचिन्त्यः प्रभावः sufficient to satisfy the reader? It will then be clear that there must have been some argumentative guiding principle to ascertain the Prabhava or the special property of a substance in accordance with the theory of Rasa, Vipaka and Veerya in the Ayurvedic Therapeutics. Let us then see what the imformation from the literature acquired so far and from the mode of the description of properties followed therein help us. Prabhava or the particular action of a substance is the cheif thing in the description of its properties. Such Prabhava or powerful substances alone cause or cure diseases. Then if there be no idea, no principle about this power, how can the substance be utilised? Every advent is sure to have been based upon some inducing principle, and on the same are centered all other principles at the time of delineation. This inductive principle must, therefore, be well thought of. Whatever may be the method, the old one fixing the degrees of elements as inferred from Rasa, Vipaka, etc., or the modern method,

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according to its terminology, fixing the kinds and proportion of the components of substances,—probably only the common action will be known. How then will it help to recognise the special action that is effective on the particular part of the body? And this action is of great importance. The same is produced by the powerful components in the common stage of the substance where the difference of such components is very slight. What benefit can there be if these components are analysed, and if it is tried to fix the actions of the properties of the substances from these analysed and separated components? The properties of two defferent substances undergo a change in their mixture. This common rule is easy to be understood. Many seeds ripen in a particular field. Underneath that field, minerals are truly one and the same. The proportion of the sunlight over it is the same, the wind blowing on it is of the same kind and proportion. Then every substance ripening over it must be of the same quality. But it is not so. On the contrary there is incomprehensible difference between any two substances. This shows that every substance squeezes by various contrary powers and different proportions of the mineral material and grows by different parts and in different forms. One has growth of its leaves more than anything else. Another's energy is spent in growing flowers. A third one grows more furits, a fourth its barks and another its trunks. Some are full of milky juice and others filled with watery juice. Some have sticky milky juice and not so have some but corrosive or caustic. One is creeping and the other has a bulbous root as its centre of growth. Some have small flowers and some have big but few. Some fruits are full of juice and some have much pith. Some are fleshy, others have a hard cover, and some have no cover at all. Looking then at this astonishing diverseness, how can properties be realized by fixing merely the kinds of the component materials? General qualities can, however, be known from the same, and this effort is all right in this sense. But if a certainty of inferences is desired to be arrived at certain and particular qualities, then decided guestures—conjectures—and experience in accordance with the same are necessary.

At present, there is highly cherished a certain idea about scientific knowledge that everything must be perceptible to the eye, or that is a real truth which is demonstrable, and this idea is cherished with a strong bias. But by close consideration,

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this idea will be found to be erroneous. Because, what is considered to be visible really means recognition of the visible components in their unmixdd form. Then how can the powers of the components that are mingled and are in the combined stage be realized even if the knowledge of the recognition of their uncombined and unmixed state has been reached ? and any action that is to be effected will not be so without this combined stage. This combination of the components in substances is very minute. If, however, an ambitious person wishes to bring into actual perception this combination, he shall have to change the forms of the elemental substances, nay, he shall have to change the natural laws of the Universe. It is the inference alone that can be arrived at from the actions effected. Even if we consider the limited sphere of the body, the same thing will be seen. This body is so to say a very wonderful combination of innumerable elemental particles. But these innumerable particles combine together and their combined stage alone is active. If the union of the two ends of two particles is disturbed, then their action is also stopped. These two particles will be probably visible, but as soon as they are separated, their united form and the power existent therein also disappear. In this state, inference alone can lead us to some idea of their union. Science or a scientific theory means, therefore, inference alone which is not contrary to experience. The whole universal creation is also in the united state, and then inference, as to what the united state of their particles will do even after they are separated by analysis, is resorted to. Why then repulse inference ? Well, what the point in view is that the power conjecturable must have been determined on some guiding principle.

The action of a substance can be inferred from its whole form at the time of its coming into existence. The properties of substances seem to have been fixed on observing similarity between bodily and universal substances, and it has been clearly corroborated by the verse हृद्धिः समानैः सर्वेषां (च. सू.) or 'Like begets like.' Everything is increased by another like thing. This has a wide sense that size is developed by a like size, action by a like action, and component particles by like component particles. The same sense has clearly been conveyed by a sentence in Charaka

सर्वदा सर्वभावानां सामान्यं हृद्धिकारणम्। (च. सू. अ. १)

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(meaning Homogeneity is at all times the cause of the growth of all beings). So also

सामान्यमेकत्वकरं विशेषस्तु पृथक्त्वकृत्। (च. सू. अ १-४५)

(Samanya meaning likeness has a property to accumulate, and Vishesha produces separation).

This likeness is existent in the bodily substance and medicinal and other substances, and the same should be considered to be deciding the exact properties of the substances. Then if we observe the properties in this light, do we find that the same point is in view in the Ayurvedic text ?

While describing the properties of substances, at the outset is given a general rule as वृद्धिः समानैः सर्वेषां (च सू.) or 'Like begets like' and it has been corroborated by examples such as—Flesh increases flesh in the body and there is no other substance that so much increases flesh. (But) Flesh of carnivorous animal will increase more of it, as the flesh of such animals is directly produced from flesh.

(नहि मांससमं किंचिदन्यद्देहबृहत्त्वकृत्।
मांसादमांसं मांसेन संभृतत्वादिशेषतः॥ (अ हृ. सू.)

This means, that flesh (of carnivorous animals) increases in the human body more flesh than any other substances (Dhatus), as it is of the same type. There are also other qualities in flesh. The properties of the flesh of a goat are given as follows :—

नातिशीतं गुरु स्निग्धं मांसमाजमदोषजम्।
शरीरधातु मांसान्यादतमिष्यन्दि ह्रंहणम्॥ (अ. हृ.)

(The flesh of a goat is not very cold, is heavy (to digest), greesy and without any demerits. As it resembles the bodily Dhatus (Flesh Dhatu), it is nutricient (increasing flesh), and it does not produce wateriness). The general properties of flesh are heaviness and greesiness, and it is true that they will bring about a whole-bodily effect. But its special effect or Prabhava is to increase flesh, and the reason is likeness. The likeness here is in form. If the blood which is the resort of life is wasted, then it is told that fresh living blood helps to increase its quantity. If by excess of a purgative, blood passes and the life-blood is wasted, then fresh blood of living animals such as deer, cow or goat is indicated and the same gives instantaneous relief :—

मृगगोमहिषाजानां सद्यो रक्तं जीवतामसृक्।
पिबेज्जीवामिसंधानं जीवंतमाशु गच्छति॥ (अ हृ. क अ.)

This also clearly shows that living blood effects upon blood on account of its resemblance with it. This is also a likeness in form.

(To be continued).

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ASTROLOGY IN HINDU MEDICINE.

BY

ASHUTOSH ROY, L.M.S. (Hazaribagh).

(Continued from our last issue).

(3) *Mars*—Thin, well proportioned, pale, blue eyes and abundant curly hair on head and body, of middle stature, with large head, round face, small eyes, large nostrils, long teeth and of military bearing.

If well affected—Strong, robust, brave, ambitious, irascible, given to hunting and games, vindictive, impatient of control, domineering, delighting in war, contemptuous of danger, agile, ready, hasty, self-confident and indifferent to religion.

If ill-affected—Impious, unjust, arrogant, merciless, seditious, fool-hardy, quarrelsome, brawlers, homicides, tyrants, incendiaries, robbers, thieves and bandits.

In Hindu Astrology—full of skin eruptions, of round eyes, strong body, straight spine, Pitta temperament, possesses Tamagun and fond of pungent things.

If well affected—Brave, powerful, licentious, independent, victorious, holding high post in land, army and medicine, chemist, engineer of buildings.

If ill-affected—Unreligious, sentimental, with bad livelihood, thief, murderer, faithless, diseased body of parts influenced.

Parts influenced—Left ear, small of back, blood-vessels and rectum.

(4) *Luna*—Tall, pale, good looking, light hair, and eyes, with becoming beards.

When well affected—Ingenious, subtle, sincere, open hearted, honest, well-mannered (when moon waxing).

When ill-affected—Stupid, timid, restless (when moon waning).

In Hindu Astrology—Pale, yellow, of pale pupil, round face, well-proportioned body, short stature, thick-haired, given to luxuries, orator and good character ; possessed of "Sattwa-gun", of fair complexion, with beautiful eyes, curling black hair, Kapha-Vayu temperament and fond of salty things.

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When well affected—Disease cured, not fickle, sweet tempered, educated, of quiet disposition, trader at sea, possessing good head and feet.

When ill-affected—Ignorant, timid, not pleased, fickle, fond of bad ideas, drunkard, addicted to bad society, smuggling, holding subordinate post, disease of parts influenced.

Parts affected—Palate, throat, stomach, intestines, blood, left side of body.

(5) *Mercury*—Of medium stature, well-proportioned body, pleasing complexion, yellow hair, graceful, small hands, feet and teeth, scanty beard, thin voice, rapid movement.

When well-affected—witty, studious, quick to learn, wise, cautious and of prudent disposition, accommodating, sociable, inquisitive.

If ill-affected—Unstable, forgetful, full of hallucinations, talk nonsense, lies, are parasites, flatterers, deceitful, perfidious, perjurers, culminators, forgers of wills, coiners of spurious money, meddlers and dangerous counsellors.

In Hindu Astrology:—Moderate in stature and build, with curling hair, slight beard, prominent nose, equable temperament, fond of all tastes, possessed of "Rajogun," good-looking and of fair complexion.

If well affected—Intelligent, of creative intellect, learned, orator, good artisan, good trader, just, good writer and professor of languages and mathematics.

If ill-affected—Ignorant, fickle, solves mysteries, mad, thief, tailor, servant, messenger.

Parts influenced—Speech, intelligence, tongue, bile, palate, lower part of the body.

(6) *Venus*—Medium in stature, succulent, delicate and fair complexioned, good looking, crisp, brown or blackish hair, dark eyes, narrow eye-brows, narrow chest and thick thigh.

If well-affected—Indolent, bland, pious, religious, elegant and graceful, given to delicacies and pleasures. They are lucky in love and in friendship, forgiving and impatient under misfortune.

If ill-affected—Timid, imprudent, effiminate, licentious and betrayers of women.

In Hindu Astrology—Good looking, of medium stature, with bright eyes, aquiline nose, plenty of smooth hair, indolent, of Kapha temperament, possessed of "Rajogun," long arm, fond of acid, fond of play, rich.

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If well-affected—Fond of moral pleasure, quiet, graceful, jovial, social, fond of sweet smell, song, women, and knowledge, dancer and musician, poet, painter.

If ill-affected—Ignorant, licentious, drunkard, fond of bad society, timid, devoid of shame, petty dealer of clothes and ornaments, low musician, dancer etc.

Parts affected—Nose, muscles, liver and semen.

(7) *Sol*—Possessing large head, round glowing face, large eyes, long hair but tendency to baldness, of shallow complexion.

If well-affected—Pious, just, upright, faithful, with open chaste, worldly-wise, apt to anger, magnanimous, honourable, splendid and magnificent, warm in friendship and in love of wife and children.

In Hindu Astrology—short size, with small curly hair, round body, quiet, of Pitta temperant, fond of bitters, round face, broad eyes, good voice, possessed of Sattwa Gun.

If well affected—Powerful, forceful, grave, courageous, charitable, honourable ; holder of high post.

If ill-affected—Fickle, sentimental, proud, hateful, cruel, wasteful, of bad character, holder of servile post.

Parts affected—Head, heart, eye, face and right side of the body.

From the appearance astrologers will be able to diagnose the predominant planet, whether well or ill-affected, in a particular case.

(19) *In relation to Diseases.*

(1) *Saturn* presides over rheumatism, paralysis, deafness, "Vayu" disease, spleen, paralysis agitans, dropsy of abdomen, deformity of foot, difficult respiration, phthisis.

European—It presides over quartan fever, scabies, leprosy, Tabes messenterica, melancholia, paralysis, Icterus Nigra, dropsy, cancer, cough, asthma, phthisis, deafness of right ear, hernia.

(2) *Sol* presides over diseases of head, face, eyes and heart, trembeling and tremors of body, palpitation of the heart, sun-stroke, cholera, septic fever.

European—It presides over epidemic fevers, syncope, spasm, catarrh and eye disease.

(3) *Luna* presides over thyroid disease, enlarged lymphatic glands of neck, colic, diarrhœa, dropsy, diseases of the urinary system, elephantiasis and certain fevers.

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European—It presides over quotidian fever, epilepsy, apoplexy, vomiting, flúxes (diarrhœas), menorrhagia, dropsy, cold abscesses.

(4) *Mars* presides over "Pitta" diseases, eruptive fever, boils and abscesses, ringworm, hæmorrhages, dysentery, piles, fistula, difficulty of urination, venereal diseases, fevers with burning, injury by weapon, burning etc.

European—It presides over acute fevers, plague, jaundice, convulsions, hæmorrhages, carbuncles, erysepelous, ulcers, phagedæna.

(5) *Mercury* presides over giddiness, lunancy, headache, epilepsy, defective speech, loss of memory and speech, indigestion, cold, diseases of tongue.

European—It presides over eruptive and relapsing fevers, mania, phrenites, delirium, insanity, epilepsy, convulsion, cough with expectoration.

(6) *Jupiter* presides over cough diseases, cold and respira tary diseases, pain in throat, diseases of palate, liver and unconsciousness.

European—It presides over Small Pox, angina, inflammation. pleurisy and pneumonia.

(7) *Venus* presides over Syphilis and other venereal disease, Seminal weakness, polyuria, diseases of urinary organs and of uterus.

European—It presides over venereal disease, priapism, barrenness, Lienteric diarrhoea and abscess.

(20) *In relation to death.*

(1) *Saturn*—Death at the hands of bad men, convulsion and Eye disease.

European—Sudden and violent death by fall, ship-wreck, suffocation, hanging, poisoning, at the hand of public executioner.

(2) *Sol*—death by lightning, snake bite, fever.

European—Death by plague, Syncope, in battle field.

(3) *Luna*—death from fever with cough, wasting disease, dropsy or drowning.

European—From super-pergation, drowning.

(4) *Mars*—Death from weapon injury, burn, command of King, leprosy, carbuncle chronic diarrhœa, piles, diseases of hand or foot, death in bad places.

European—Death from steel weapon, from fire, from projectile, by beheading, mutilation, bites of venomous animals, by slaughter, by blood letting, by operation of ignorant surgeons.

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(5) *Mercury*—death from colic, convulsions, diseases of region of calf.

European—death from poison, from witchcraft, by power of law, for perjury, forgery, false coinage.

(6) *Jupiter*—death quickly passing off in holy places.

European—war, duel, command of princess.

(7) *Venus*—death quickly in good places.

European—death from poison or Sexual excess.

(8) *Dragon's Head*—accidental death by animals.

(9) *Dragon's tail*—death from rectal disease.

The relations of planets to disease.

The following factors are to be considered :

(1) planets which have jurisdiction over temperament, e.g. Jovial (Jupiter), Saturnine (Saturn), martial (Mars), and so on.

(2) planets which have jurisdiction over humours, Black and yellow bile, Blood and phlegem or vayu, pitta, kapha of Ayurved.

(3) planets which preside over part of the body diseased.

(4) planets which govern the particular disease with which the person is afflicted.

(5) planets which have jurisdiction over epoch of life of the person afflicted.

(6) planets which preside over Nativity horoscope.

The effects of all these planets should be considered in judging a disease and its prognosis.

The power of a planet at a particular time depends on the following factors :—

(1) Sign of zodiac in which it is situated at the time.
(2) Sign of which the planet is the Lord.
(3) Sign in which the planet rejoices.
(4) Sign in which planet ascends or descends.
(5) House in which planet is situated.
(6) House in which planet rejoices.
(7) Aspect (dristi) of the planet over other planets.
(8) Aspect of planet to the ascendant (Lagna).
(9) Motion of planet (fast or slow, direct or retrograde).
(10) Day and hour.

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(III) *The Stars.*

Hindu astrology recognises 27 fixed stars or constellations all included under the zodiacal belt. These are of not much separate concern because their respective characters have been assigned to the Rasi (signs of the zodiac) in which they occur. Hindu astrology gives some importance to the birth-star of constellation, where the moon is for the time being.

Western astrology takes into account some of the fixed stars or constellations which are beyond the belt of the zodiac, probably in the arctic or antartic circles.

The 27 Stars of Hindu astrology

No. 1	Aswini (Hindu)	Arietes (European)
No. 2	Bharani	Musca
No. 3	Krittika	Pleiades
No. 4	Rohini	Aldeharan
No. 5	Mrigasira	Orionis No. I
No. 6	Adra	Orionis No. A
No. 7	Punarbasu	Geminareum
No. 8	Pusya	Cancri No. D
No. 9	Aslesha	Cancri No. A
No. 10	Magha	Regulus
No. 11	Purba Phalguni	Lionis No. D
No. 12	Uttar Phalguni	Lionis No. I
No. 13	Hasta	Corvi
No. 14	Chitra	Spica
No. 15	Swati	Areterus
No. 16	Bishakha	Libra
No. 17	Anuradha	Scorpionis
No. 18	Jyestha	Antares
No. 19	Mula	Scorpionis No. n
No. 20	Purba-Shara	Sagittarius No. D
No. 21	Uttara-Shara	Sagittarius No. J
No. 22	Srabana	Aquilae
No. 23	Dhanista	Delphinae
No. 24	Satabhisa	Aquarii
No. 25	Purba-Bhadrapada	Gegasi
No. 26	Uttar-Bhadrapada	Andromonae
No. 27	Rebati	Piscum

(*To be continued*)

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VAGBHATA II.

Part II.

BY

DR. GIRINDRA NATH MUKHERJEE, B.A., M.D., F.A.S.B.

Calcutta.

—:O:—

The Commentaries of the Astangahrdayasamhita.—

1. *Sarvangasundari.*—By Arunadatta, son of Mrgankadatta, 1220 A. D. It has been printed in the Niranyasagara Press, Bombay, and by Vijayratna Sen of Calcutta.

Mss.—R. 37

D. C. S., 13084, 13085, 14374, 14375.

ASTANGAHRDAYAVYAKHYA : SARVANGASUNDARI.

This is a commentary on Vahata's Astangahrdaya, a well-known work on Medicine by Aruna, son of Mrganka.

As the work has been printed at Bombay, the copying of the MS. was not completely done.

Beginnig :

दीप्त्या यस्येन्द्रनीलोपलशकलरुचीनीलया नीलिताभां
लक्ष्मीमुक्तप्तभास्वत्कनकरुचिमपि स्पर्शरोमाञ्चिताङ्गीम् ।
कालीमाशङ्कमानः स्फुरदधरपुटश्यक्षपाणिः किलाभूत्
भर्ता लोकस्य शश्वत् स भवतु भवतां भूतये पद्मनाभः ॥
को मत्सरिणि लोकेऽस्मिन् विद्वान् कश्चिच्चिकीर्षति ।
किं तु कश्चिद्भवेत्साधुःततोऽयं मत्परिश्रमः ॥
श्रीमन्मृगाङ्कतनयष्टीकामष्टाङ्गहृदयस्य ।
श्रीमानरुणः कुरुते समग्रदृष्टार्थबोधाय ॥

End :

गुर्वादीनामितरद्वन्द्वः । सह सूत्रविशदाभ्यां वर्धन्ते समूत्रविशदाभ्याम् । एते च सविपर्ययाः ।

2. *Ayurvedarasayana* (*Dinacaryaprakarana*).—By Hemadri or Kamadeva, Raja of Devagiri. It is available in parts only. The *sutra* and the *kalpasthanas* have been printed in Kolhapur. In the Mysore Oriental Library there exist six chapters from the *Nidana* and the *Cikitsasthanas*.

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Mss.—W. P. 280 Bik. 632
I. O. 2656 Radh. 32 2n
K. 210 C. S. C. 9
BORI (Kathiwate 431) P. 23.

3. *Astangahrdayodyota.*—By Asadhara Sallaxana. It is also called *Asadhari vyakhya.*

Ms.—Peters 2,86.

4. *Padarthacandrika.*—By Candracandana.

Ms.—K.—214
Peters—1,113.

5. *Sanketamaniari.*—Ky Damodara.

Ms.—W. V., P. 281 (incomplete).

6. *Astangahrdayatika,*—By Ramanatha Vaidya. *Syn.*—*Astangahrdaya Vyakhya.*

Ms. N. W. 584.

7. *Valaprabodhikar.*—By Vasanatha. Also known as *Valaprabodhini*

MSS.—D. C. S. 14374.

Astnaghrdayovyakhya : Balaprabodhini

A commentary by name Balaprabodhini on the Astangahrdaya of Vagbhata, which work has been described under No. 13072 ante.

Beginning :

तदध्यस्ते शारीरकेऽपि शरीरान्तरवातानां तत्तद्दस्ति . . . . . भाव संशय: ।

बीजाभावे यथा न स्युरङ्कुराश्च तथैव हि । कर्माभावे स्वात्मनोऽपि देहाभाव इति . ते । तेन स्वकर्म्यक्षेशवादित इत्युक्तम् ।

* * * *

इदानीं प्रधानफलदायि यत्प्रशस्तलक्षणं वपुष्प्रशस्तदर्शयितुमाह—दानेत्यादि । . . सर्वसत्त्वानामात्मभवनं न केवलं पूर्वोक्तं स्वं स्वहस्तवयमित्यादि वर्धमानं शनै: शुभम् । इत्यन्तं यल्लक्षणं तच्छरीरस्यायुर्द्विहेतु:, दानादिको गुण: पुण्यायुर्द्विकृत्, दानं वयश्च यथासम्भवं, केचित्पुण्यकृत: केचित् आयुर्द्विकृत: केचिदुभयकृतश्च ॥

End :

सर्भावकान्तीयमित्यादिमिश्रतुर्भिरध्याये: प्रसक्तानुप्रसक्तया यथेदीरितं मरणं विकृतिविज्ञानीयेन दूतमतिविज्ञानीयेन च । तत: शरीरस्य जन्ममरणात्कारणादिदं स्थानं शारीरकमुच्यते । यद्यपि सर्वं स्थानं शरीरमधिकृत्योक्तम् ; तथापि इदं स्थानं साक्षाज्जन्ममरणचिन्तनात् शरीरस्य प्राधान्येन शारीरस्थानमुच्यत इति भाव: ॥

Colophon :

इति बालप्रबोधिन्यां टीकायां युक्तनामनि ।
षष्ठोऽध्यायश्च सम्पूर्ण: शारीरस्थानगोचर: ॥

इति ॥

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730

अब्दे प्रामादिके नाम्नि माघे मासि तथैव च।
श्यामाचार्यस्य पुत्रेण लिखितं पुस्तकं मया॥

8. *Hrdayabadhika.* - By Sridhara or Sridasa, pupil of Vasudeva.

Ms.—R. No. 2898
Burnell 65a
C. C. L.
R. No. 2898.

R
610.5
J82J
V.7

Beginning :

आयुर्वेदाचार्यान्नत्वाऽऽदीन्ववासटैवमाचार्यम्।
नत्वा पण्डितनाम्ना व्याक्रियते हृदयबोधिका टीका॥

कुतः इह खलु सर्वेषां प्रेक्षापूर्वकारिणां प्रयत्नस्य पुरुषार्थसिद्धिप्रवणत्वात् तस्य च पुरुषार्थस्य चतुर्विधस्य धर्मार्थकाममोक्षलक्षणस्यारोग्यमूलत्वात्तस्य चारोग्यस्य चिकित्सानिबन्धनत्वाच्चिकित्साया-श्चायुर्वेदतत्त्वावबोधाधीनत्वात्तत्त्वावबोधस्य च तन्त्रार्थविशेषनिश्चयाय तद्विवरणे प्रयतितव्यम्। तस्य तु तन्त्रस्य युक्तयः षट्त्रिंशत्। वक्ष्यति च—"इति तन्त्रगुणैर्युक्तं तन्त्रदोषैर्विवर्जितम्"। इति।

गुणा युक्तयस्मङ्गहे चोक्ता :—

अलङ्कृतं युक्तिपदैः सद्रत्नैरिव काञ्चनम्।
षट्त्रिंशतार्थदुर्गेषु भिषजां सङ्गमैरिव॥

* * *

अथ तन्त्रार्थ व्याकरिष्यामः—

इह तावदादौ वाग्भटनामा तन्त्रकारो लोकहिताय शास्त्रमारिप्सुर्विघ्नोपशान्तये शिष्टाचारा-नुरोधादभिलषितार्थसम्पत्तिकारिणीमभिमतां देवतां नमस्करोति—रागादीत्यादिना। यः रागादिरोगान् जघान तस्मा अपूर्ववैद्याय नमोऽस्तु। इति संबन्धः।

* * *

Colophon :

इति श्रीदासपण्डितविरचितायां हृदयबोधिकायां प्रथमोऽध्यायः॥

End :

न स मुह्येदिकाराणां हेतुलिङ्गोपशान्तिषु। इति। तस्माद्दोषभेषजवशादुपयोज्याः। यथा पवने जेतव्ये सधूरोऽग्नौ लवणो वा मधुरास्लवणो वेति॥

इति हृदयबोधिकायां दशमोऽध्यायः॥

9 *Pathya.*— or Astangahrdayavyakhya.—

Mss.—R. No. 3798
C. C. L.—

R. No. 3708.

Paper. $10\frac{5}{8} \times 9\frac{5}{8}$ inches. Foll. 36. Lines, 20 in a page. Malayalam. Good.

Transcribed in 1921-22 from a MS. of M.R.Ry. Vaidya Variyar, East gate, Tiruppanattura, Cochin State.

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Fol. 36*b* is left blank.

Astangahrdayavyakhya : *Pathya*

A commentary on the Astangahrdaya, which work has been described under No. 13072 of the D.C.S. MSS, Vol. XXIII.

Contains the Adhyayas 1—12 only in the Sutrasthana,

Beginning :

सर्वज्ञसंज्ञितं वन्दे सर्वसिद्धान्तकारणम् ।
दिगम्बरतया ख्यातं शाश्वतं सुमहन्महः ॥
उपद्घातः पदं चैव पदार्थः पदविग्रहः ।
चालना प्रत्यवस्था च षोढा व्याख्यानलक्षणम् ॥

रागादिरोगान् जघानेत्यनेनातोपायलक्षणः सम्बन्धः । इदं तन्त्रमुपायमुपेयायायु हेतुलिङ्गौषधाख्यं स्कन्धत्रयमवार्थः । एवं धातुसाम्याख्येन प्रयोजनेन प्रयोजनवादं तन्त्रम् । प्रतिपाद्यप्रतिपादकभाव-लक्षणस्सम्बन्धः । हेतुलिङ्गौषधाख्येन स्कन्धत्रयेणाभिधेयञ्च ।

* * *

Colophon :

इति प्रथमोऽध्यायः समाप्तः ॥

10. *Vagbhatarthakaumudi*.—By Harikrisna Sen Mullick. It has been printed in Bengal.

Colophon.—

इति धन्वन्तरी पदलाञ्छन श्रीहरिकृष्ण सेन मल्लिक विरचितायां अष्टाङ्गहृदयसंग्रहटीकायां वाभटार्थकौमुद्यां विंशोऽध्यायः ।

सूत्रस्थानस्य टीका समाप्ता ।

11. *Pradipa*—By Yasadanandana Sarkara.—1298 B. S.

12. *Vagbhatamandana*—By Narahari Pandita, alias Nrhari or Narasimha or Nrsimha, (1235—1250 A. D.).

13. *Astangahrdaya vyakhya* or *Vyakhya-sara*.

Mss.—R. Nos. 2722., 3820.

L.—

R. No. 3820.

ASTANGAHRDAYAVYAKHYA : VYAKHYASARA.

A commentary on the Astangahrdaya, which work has been described under No. 13072 of the D.C.S. MSS., Vol. XXIII.

Contains the Adhyayas 1—15 in the Sutrasthana,

Beginning :

आचार्यशास्त्रसारिसुर्विघ्नोपशमाय शिष्टाचारानुसारेणेष्टदेवतानमस्कारं करोति—रागेत्यादि राग आदिर्येषां ते रागादयः । आदिशब्देन लोभमोहमदमात्सर्यडम्भाहङ्कारा गृह्यन्ते । एके च क्रोधादयोऽपीति । अन्ये अरिषड्वर्गः परिगृहीतो वा ।

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इदं मे स्यादिदं मे स्यादिति भेदविकल्पिता ।
मानसी साध्यविषया इच्छिरिच्छेति कथ्यते ॥
प्रचिता सैव कुर्वाणा प्रवृत्तिं चोत्तरक्षणे ।
तदसिद्धौ विरोधेन तापनी राग उच्यते ॥

रागः कामो वा ।

हन्म्येनं छेदयिष्यामि सर्वोपायैर्धनादिकः (तः) ।
अस्येति तीव्रा या बुद्धिः स द्वेष इति कथ्यते ॥

लोभो हि सम्यतश्शिष्टैरर्थत्यागासहिष्णुतेति चेत्यादि भावविवेकादिषु प्रसिद्धम् । रागादयश्च ते रोगाश्च रागादिरोगा इति समाप्तः ।

* * *

Colophon :

इति व्याख्यासारे प्रथमोऽध्यायः ॥

14. *Astangahrdaya-vyakhya.*—A commentary on the Astanga Hridaya Samhita of Vagbhata. According to his commentator, Vagbhata was a disciple of Narayana Yogindra.

Mss.—R 2804.

Paper. 11 × 9½ inches, Foll. 128. Lines, 20 in a page. Devanagari. Good.

Transcribed in 1918-19 from a MS. of the Raja of Chirakkal, Malabar district.

Fol. 128 is left blank.

अष्टाङ्गहृदयव्याख्या

ASTANGAHRDAYAVYAKHYA

A commentary on the Astangahrdaya of Vagbhata which work has been described under No. 13072 of the D.C.S. MSS., Vol. XXIII. According to the commentator *Vagbhata was a disciple of Narayanayogindra.*

Breaks off in the 15th Adhyaya of the Sutrasthana.

Beginning :

इह हि तत्त्वकृदादावध्येतव्यापयितृरूपशिष्याचार्यपरम्परानननसफलत्वदायिपुरुषार्थसर्वस्वलाभपरिप्रन्थिभूतरागादिरोगरिपुगणोन्मूलनोपायमुपदिशन् सदसत्प्रभृतिविभिन्नमवाङ्मनसगोचरानुभावमहन्नातिक्रान्तसत्तामात्रसत्तासारमनवरतस्मृरणानुरूपचैतन्यदानानुग्रहीतत्रिविधजन्तुस्करं प्रकृतिपुरुषसमरसीभावविगलदमृतैकथनं (वहिर)न्तश्चैवाप्यतिरिक्तस्त्रीपुम्भावसौत्मानमेव प्रस्तौति—रागादीत्यनेनेष्टदेवतानमस्कारश्लोकेन । अस्मिन्नु पजातिहते पदान्येकादश अन्याष्टमनवमदशमैस्साकाङ्क्षान्वयः । सप्तमप्रथमैश्चतुर्थषष्ठैः पुराणान्वयः । शिष्टानि त्रीणि पुराणान्वयगतकर्मणो विशेषणानि । अन्वयक्रमेण पदार्थो विव्रियते । तस्मै तथाभूताय अपूर्ववैद्याय नमः अस्तु तमुद्दिश्य मम प्रह्वीभावः अस्तु साफल्यं प्राप्नोतु ।

* * * *

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वुद्धमुनी(न्द्र)नामाभिधेयश्रीनारायणयोगीन्द्रप्रसादवितीर्णदिव्यदृष्टिसाक्षात्कृतविभूवनवृत्तान्तमतिमणि-मुकुरस्य बाहटस्य तस्मिन् भक्तिरधिकेति स्वशास्त्रे: परशास्त्रे कर्णाकर्णिकयोपदेशाच्च जानीम: ।

* * * *

End :

अत्र दोषगतिविशेषेण हृंहणलङ्घने एव ग्राह्यादिविशेषे प्राप्तवत इति तात्पर्यम् ॥

Colophon :

इत्यष्टाङ्गहृदयव्याख्यायां चतुर्दशोध्याय: समाप्त:॥

अथ पञ्चदशोऽध्याय: । शोधनादिगणसङ्ग्रहणीयम् ।

प्रागुपन्यस्तशुद्ध्यादिसाधनद्रव्यसिद्धये ।

अध्याये वक्ष्यते साधु शोधनादिगणात्मक: ॥

15. *Astangahrdayavyakhya* or *Vijneyarthaprakasika.*—A commentary by Visvesvara Pandita.

Ms.—R, No. 2412.

अष्टाङ्गहृदयव्याख्या विज्ञेयार्थप्रकाशिका ।

ASTANGAHRDAYAYAKHYA VIJNEYARTHAPRAKASIKA.

A commentary by *Visvesvarapandita* on Vagbhata's Astangahrdaya, which work has been described under No. 13072 of the D.C.S. MSS., Vol. XXIII.

Contains the Adhyayas 1 to 6 in the Sarirasthaa.

Beginning :

ज्ञानानन्दमयं देवं निर्मलस्फटिकाकृतिम् ।

चाधारं सर्वविद्यानां हयग्रीवमुपास्महे ॥

अज्ञानतिमिरान्धस्य ज्ञानाञ्जनशलाकया ।

चक्षुरुन्मीलितं येन तस्मै श्रीगुरवे नम: ॥

पूर्वस्मिन् स्थाने सर्वशास्त्रार्थोऽपि सङ्क्षेपोक्त: । इत: परं शास्त्रस्य का . . . खानेत्यादिना निर्दिष्टाङ्गानि क्रमेण वक्ष्यमाण: इदानीं तद्विस्तरेण शरीरस्याद्यङ्गत्वात् तं वक्तुं शारीरस्थानमारभते— अथात इत्यादिना । शरीरमधिकृत्य कृतो ग्रन्थ: शारीर: गर्भस्यावक्रान्तिरवक्रम: संप्राप्ति: गर्भावक्रान्तिर्विधीयते यस्मिन्नध्याय इति कृत्वत्यय: । गर्भावक्रान्तीयत् । अथादिशब्दानामर्थ: पूर्वमेवोक्त: । शुद्धेति । स्वकर्मक्लेशचोदित: । स्वस्य कर्माणि शुभाशुभमिश्ररूपाणि स्वजातीयव्यापाराश्च प्राणिन: क्लेशयन्तीति क्लेशशब्देनाविद्यास्मितारागद्वेषाभिनिवेशा: पञ्च क्लेशा: ।

End :

इतीति—इति पूर्वोक्तप्रकारेणावास्मिन् स्थाने शरीरस्य जन्ममरणं गर्भावक्रान्त्यादिभिश्चतुर्भिरध्यायै: जन्म तत्रो द्वाभ्यां मरणं च सम्यगुदाहृत: । तत: कारणादिदं स्थानं शारीरमित्युच्यते ।

Colophon :

इत्यष्टाङ्गहृदयशारीरस्थानस्य विश्वेश्वरपण्डितविज्ञेयार्थप्रकाशिकायां षष्ठोऽध्याय: ।

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16. *Lalita.*—By Sankara, son of Narayana Sarman and disciple of Nilkantha.

Ms.—R 3685.

C.C.L.

अष्टाङ्गहृदयव्याख्या—ललिता ।

ASTANGAHRDAYAVYAKHYA : LALITA.

A commentary on the Astangahrdaya, which work has been described under No. 13072 of the D. C. S. MSS, Vol. XXIII : by Sankara son of Narayansarman and disciple of Nilkantha. It is stated that this commentary was written as the prior commentaries, Sundari etc. were found difficult and not clear. Hrdya, Indu, Pathya and Hrdayabodhika are also referred to.

Contains the Adhyayas 1—5 complete, 6th incomplete and 20—22 complete.

Beginning :

ईह तावदयं तन्त्रकारो लोकहिताय शास्त्रमारिप्सु सदाचारमाचरन् आशीर्नमस्क्रिया वस्तुनिर्देशो वापि तन्मुखमिति प्रवन्धमुखस्थितिलक्षणं चानुविदधानः शास्त्रस्यावघ्नेन परिसमाप्तिप्रचयार्थं स्वशिष्यशिक्षाप्त्यर्थं चेष्टदेवतानमस्कारं करोति—रागादीत्यादिना । तस्मै अपूर्ववैद्याय नमः इत्यन्वयः । तस्मै इति पदेन "सर्वनाम प्रसिद्धार्थम्" इति वचनात् प्रमाणतः प्रसिद्धस्यैवापूर्ववैद्यस्य नमस्कार्यता । तस्मात् प्रमाणसिद्धार्थेन परेण भवितव्यम् ।

* * * *

सूत्रस्थानशरीरनिदानचिकित्सितकल्पोत्तरैः षड्भिः स्थानैरनेन प्रकारेणाध्यायानां विंशत्यधिकं शतं प्रोक्तम् ॥

End :

नीलकण्ठं नमस्कृत्य पार्वतीपतिमादरात् ।
अष्टाङ्गहृदयव्याख्यां करोमि ललिताभिधाम् ॥
व्याख्यानं पाठ्यसंज्ञं तु कैरल्या भाषयान्वितम् ।
दृश्यते वस्तिपर्यन्तं बालानां सुखबोधकम् ॥
अदर्शनात् परमतो विचार्य सुचिरं धिया ।
मान्तर्धाद्दाहटस्योक्तिरिति मत्वेदमुच्यते ॥
सुन्दर्यादिष्वदेशत्वादर्थानामल्पचेतसाम् ।
विस्तरादधगाम्भीर्याद्व्याख्यां कर्तुं यतामहे ॥
हृद्येन्दुपाठ्यव्याख्यानमतभेदप्रदर्शिनीम् ।
समालम्ब्य गभीरार्थां व्याख्यां हृदयबोधिकाम् ॥
नस्याद्विवस्तिपर्यन्तं सूत्रस्थानं यथामति ।
व्याख्यास्ये नीलकण्ठस्य प्रसादात्पाठ्यमार्गतः ॥

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शब्दशुद्धिविहीनोऽस्य शब्दस्यार्थप्रकाशिकाम् ।
व्याख्यां करोमि शिष्यस्य बोधे यावत्सुखं भवेत् ॥

* * * *

Colophon :

इति कण्ठकिफल्लान्दीलिकालग्रविश्रुतग्रीनारायणशर्मसूनुना वग्रस्करागारनामान्तरशोभिना जोङ्कैक-दैशव्यावपत्तनविख्यातग्रीनीलकण्ठशर्मणोऽन्तेवासिना शङ्करशर्मणा विरचितायां ललिताख्यायामष्टाङ्ग-हृदयव्याख्यायां द्वात्रिंशोऽध्यायः समाप्तः ॥

Kavyaprakasavyakhya

17. *Sasilekha.*—By Indu.

Ms.—R. No, 3447.

C.C.L.—

R. No, 3447.

Paper. $10\frac{3}{8} \times 9\frac{5}{8}$ inches. Foll. 176. Lines, 20 in a page. Malayalam. Good.

Transcribed in 1920-21 from a MS. of M.R Ry Mundoli Narayana Nambiyar, Kaimur village, Trichur, Cochin State.

Foll. 66*b*, 67 and 176*b* are left blank.

अष्टाङ्गहृदयव्याख्या - शशिलेखा ।

ASTANGAHRDAYAVYAKHYA—SASILEKHA.

A commentary on the Astangahrdaya, which work has been described under No. 13072 of the D.C.S. MSS. Vol. XXIII by Indu.

Begins in the 141st stanzas of the Sutrasthana, and contains the Sarirasthana and Nidanasthana complete.

Beginning :

वन्दे गिरीशं गिरिजासमेतं कैलासशैलेन्द्रगुहागृहस्थम् ।
अङ्के निषन्नेन विनायकेन स्कन्देन चात्यन्तसुखायमानम् ॥

आहारशुद्धा तत्संस्कारोपयोगित्वान्मिथ्याहारोऽवरो (?) विष्यन्दोत्यादिना । पांसूत्थानानां सर्वेषां लवणानां सामान्यगुणः ।

* * * *

End

अतीतसंवत्सरास्यन्तः प्रयत्नेनापुप्रपचर्यमाणा दुस्साधा असाध्या एव वा भवेयुः । अतोऽवश्य-मुपनचयेत् । चाऽतानां वायूनामुपेक्षणाद्विद्रध्यादयो भवेयुः । अतो नोपेक्षेतेति ॥

Colophon

इतीन्दुविरचितायामष्टाङ्गहृदयव्याख्यायां (शशिलेखायाम्) निदानस्थाने षोडशोऽध्यायः ॥
समाप्तं चेदं निदानस्थानम् ॥

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18. *Vakyapradipika*—By Paramesvara Dvijottama, an inhabitant of village Asvaththa *i.e.* Arasur, on the river Nila, (3419, 3782 are similar works.)

Mss.—R. No. 3266, 3836.

C. C. L—

R. No. 3836.

Paper. $10\frac{3}{4} \times 9\frac{1}{2}$ inches. Fol. 198. Lines, 20 in a page. Devanagri. Good.

Transcribed in 1921-22 from a MS. of M. R. Ry. Ambaramauli Ramunni Vaidyar, Quilandy, Panthalayur, North Malabar district.

Fol. 198*b* is left blank.

अष्टाङ्गहृदयव्याख्या—वाक्यप्रदीपिका ।

ASTANGAHRDAYAVYAKHY : VAKYAPRADIPIKA.

Same work as that described under R. No. 3266 ante. By Paramesvaradvijottama, a resident of Asvatthagrama, *i.e.*, Arasur.

Contains from the 12th Adhyaya of the Sutrasthana (*wants the beginning*) to the end of the 4th Adhyaya complete and the 5th Adhyaya incomplete in the Cikitsasthana.

Beginning : (12th Adhyaya)

स्थो दोषभेद(:)। एकैकद्वित्रिसमस्ताश्चयैः षट् भवन्ति पुनश्च षट्। एतत् चयद्वन्द्वजा (द्वजा) सविपर्यया यत्वे(ते)दाषभेदाः पुनश्च षट्प्रकाराभवन्ति। कथत् एकद्वन्द्वजा सविपर्यया।

* * * *

Colophon :

इति नीलातीरगताश्वत्थ्यग्रामवासिना परमेश्वरद्विजोत्तमेन कृतायामष्टाङ्गहृदयव्याख्यायां वाक्यप्रदीपिकायां सूत्रस्थाने विंशोऽध्यायः॥

19. *Rogasankhya nidana*.—On the diagnosis of the various kinds of ailments mentioned in the Bahatasamhita.

Mss.—D. C. S. 13215, 13216.

No. 13215.

रोगसंख्यानिदानम ।

ROGASANKHYANIDANAM.

Pages, 37. Lines, 8 on a page.

Begins on fol. 52*a* of the MS. described under No. 13082.

On the diagnosis of the various kinds of ailments mentioned in the Bahatasamhita.

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Beginning :

सोमात्माच(र्का)निवारिवायुतपनव्योमामतै(त्मर्के)रष्टाभः
शल्योर्ध्वाङ्गजराहयाभैकवपुर्भूतोरागादिक्रियाम् ।
योऽष्टाङ्गं वितनान शङ्करमसुं स्वार्गै:(ङ्गै:) प्रणम्याख्यया ।
षत्ते वाग्भटसंहितो(दि)तरुजामुद्धानिदानक्रमात्(न्) ॥

एकोऽयमानाहगतो नराणां बु(वि)षाचु(क्यु)ता(दा)वर्तरुजा सहैका ।
अष्ठीलया च द्विविधोऽस्थिभङ्गस्तन्वामयः कामिलया तथैव ॥

End :

रूक्षस्य षातादवलस्य वातविट् चिप्यते तेन सहैव मूत्रम् ।
प्रवर्तते मूत्रपथेन सार्तिविट्तुल्यगन्धं बद विड्विधानम् ॥

वराङ्गविकृतिनिदानम्—

दैवेनातिरते क्रीणं विषमोत्कटकासनात् ।
जायते च्यवदोषोदुष्ट ? . . . . . ॥

20. *Dipika* or *Astangahridayavyakhya*—By Hatakanga.
MS.—R. 3699.
L.—

R. No. 3699.

Paper. $10\frac{5}{8} \times 9\frac{3}{8}$ inches. Foll. 58. Lines, 20 in a page. Devanagri. Good.

Transcribed in 1921-22 from a MS. of M. R. Ry. Plantol Sankaran Mussu, Vilayur post, Cochin State.

Fol. 58*b* is left blank.

अष्टाङ्गहृदयव्याख्या—दीपिका ।

ASTANGAHRDAYAVYAKHYA : DIPIKA.

Similar to the commentary described under R. No. 3266 ante. By *Hatakanga*.

Contains the Adhyayas one to ten in the Sutrasthana, but *wants the beginning*.

Beginning :

. . . . दिव्यदि(दृ)शो महर्षयः . . . षिका ऋषिपुत्र . . इङ्गिता . . . . . दिकमपि पार . . वोऽङ्गीकर्तुमतिनिर्मलमेधसस्तेषामेव हितानि चमाणाह— मयि तु न त्वस्मात् : . . .

प्रमाणमेतत्पठन् सङ्गृहबोधसक्त इत्यादिवचसस्य कार्यस्यायं मडचेपरसङ्गृहकरणादनन्तरमेव मन्दमध्यमबुद्धिवहारार्थमष्टाङ्गहृदयं व्याख्यास्यामः । . . . . . लोकप्रकारं प्रति प्रगासस्तन्वक्तोऽस्य करणामिह(ष)तः ।

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Colophon :

इति डाटकाङ्गविरचितायामष्टाङ्गहृदयदीपिकायां प्रथमोऽध्यायः ॥

End :

आसस्य रसानुरूप उपयोग इत्यतो दोषरसविकल्पज्ञानां वैद्यस्य चिकित्सायामङ्गं भवति। तथा चागमः—

क्वचिदेकरसः कल्प्यः संयुक्ताश्च रसाः क्वचित्।
दोषौषधादीन् सन्दिश्य भिषजा सिद्धिमिच्छता ॥
यस्यास्यरसविकल्पज्ञः स्याच्च दोषविकल्पवित्।
न स मुह्येद्विकाराणां हेतुलिङ्गोपशान्तिषु ॥ इति।
तस्माद्दोषभेजवशात् उपयोज्यादित्युक्तम् ॥

Colophon :

इति डाटा(टका)ङ्गविरचितायामष्टाङ्गहृदयदीपिकायां दशमोऽध्यायसमाप्तः ॥

अष्टाङ्गहृदयनिघण्टु।

ASTANGAHRDAYANIGHANTU.

21. A dictionary of drugs compiled from Astangahrdaya Samhita.

MS.—Oppert 7831.

References.—

1. Mukerji.—Surgical Instruments of the Hindus vol. I.
2. ,, —History of Indian Medicine, vol. III.
3. Hoernle.—Medicine in Ancient India, vol. I. Astrology.
4. Cordier.—Vagbhata L' Astangahridaya Samhita.
5. Kunte.—Vagbhata—Introduction.
6. Gupta.—Vaidyakasabdasindhu—Introduction.

Health and Hygiene

—:o:—

SEOXYL

Does it Cure Seasickness ?

Seoxyl was inquired into by the Bureau of Investigation of the American Medical Association four years ago. The formula as given then comprised five drugs but two of these were stated to be used in homeopathic doses, which means, of course, that they had no physiologic effect. Another drug is known to be without effect when taken by mouth This leaves only two of the ingredients to be considered in

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connection with the activity of the preparation; namely, the salt of cerium, which has been considerably used for nausea, and the salt of atropine. Both of these drugs have been used for many years in the treatment of seasickness, but like all other remedies for that condition are successful only in a limited number of cases; in others, the treatment fails entirely.

One of the most recent contributions to the literature on this subject is an article on the use of sodium nitrite in seasickness, which was published in 'The Jonrnal of the American Medical Association' for April 14th 1928.

BEHAVING WITH CHILDREN.

Children should be taught to obey that they may gain self-control. This will make them happier and more successful when they grow up.

Things to do :

Give the child time to turn his attention from what he is doing and be sure that he hears you.

Make your commands clear and simple.

Say what you mean. Make clear whether you are cammanding, asking or suggesting.

Mean what you say. Give only such commands as you can enforce and then enforce them.

Be ready at the proper time to talk things over and explain to the child the need of obedience.

Try to see the difference between wilful disobedience and childish mistakes.

Things to avoid :

Don't make disobedience attractive.

Don't bribe, threaten or scare.

Don't argue, boss or nag.

Don't talk to others about the child's disobedience when he is present.

Don't act like child yourself.

Remember :

A child's mind becomes confused :

By unnecessary commands.

By hasty commands that have to be changed.

By forbiding at one time what is allowed at another.

By blaming him for mistakes or for accidents that are not his fault.

Obedience has to be learned. When we fail to get obedience it is usually our fault and not the child's. *Bulletin Massachusetts Deparment of Mental Diseases.*

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THE PERFECT BABY IS LIKE A BEAUTIFUL WATCH.

Says Dr. Eric Pritchard

(Chairman of the Executive Committee, National Baby Week Council)

IN AN INTERVIEW WITH J. L. HODSON.

"A Baby is like a watch ; you can judge it by the way it goes," said Dr. Pritchard

I had gone to talk to him about the perfectly-formed child, the ideal baby. The idle baby is born, of course into over half a million British homes every year. No mother would deny that, though one or two fathers might. I had an idea of my own—that babies are handsomer than they used to be. I asked him about that.

"Unquestionably," he said. "much better-looking. Beauty is a manifestation of health and vigour. The mortality rate has gone down 50 per cent. in the past 25 years ; the standard of health is infinitely higher."

"How does one tell a fine child ?" "Colour is important," he said. It ought to be a uniform pink, it certainly should not have brilliant rosy cheeks; permanent red cheeks are a pathological condition.

"Should it be fat ?"

Dates to Watch

"Fit and fat are by no means the same thing. Size is of little consequence. Excessive weight, unless baby is very tall, is bad. A small body may be more valuable, since it costs less to feed, clothe and house. Muscle development is all-important, and can be judged by the child's postures and movements. The too-fat baby lies on his back sluggishly ; the fit baby rears his back and kicks out his legs. At three months baby should hold his head up, at six months he should sit, at nine months stand, and at 12 months walk. Eighteen months is thought by some to be a satisfactory age for baby to begin to walk ; it is six months too late.

"Bones should be hard and well-shaped, and not enlarged at the ends—an indication of rickets. The aperture in the skull (which gradually closes) should not be too large or the edges too soft. Correct breathing is vital. No baby can be bright and look his best if he breathes through the mouth."

"Hair should conform to æsthetic standards," he said, "It should neither grow very low on the forehead nor down on the nape of the neck. Extremes in coarseness, fineness or dryness are faults. Eyebrows should be well marked, but not shaggy or overgrown."

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Eyes and Teeth are Important

"Are all baby's eyes blue when born ?"

"By no means, but they are more blue than later on. They should be bright and well-pigmented or coloured. Obviously albino eyes are definitely bad. Eyes are as beacons burning in the face ; when they are dull, without lustre and burning low, health is low, too. Teeth also are of the first importance. There is no more reliable evidence of good nutrition. In rickety children teeth are soft, badly developed, cut late and show early signs of decay. We know that bad feeding of the mother before birth leaves its impress on the first set of teeth, and that poor feeding of the child affects the permanent set. A clean mouth, good feeding, complete mastication, avoidance of the comforter, sucking the thumb or fingers—these are essential. Poper feeding includes absence of feeding during the night. Baby should not be fed between 10 p.m. and 6 a.m. If he wakes a little earlier and kicks and cries for his food, the exercise will help him to grow. At 12 months baby should have eight teeth—four incisor teeth at the top and four at the bottom. He should cut his first two teeth at six months and others at intervals of, say, two months. But the times are not important so long as he begins teeth-cutting early and continues steadily."

I asked him how boys compared with girls.

"Women dislike the fact, but the truth is, baby boys are more delicate, more complicated, and more highly-evolved machines than girls. Their brains are bigger and their nervous systems more efficient. But they are more liable to be upset. What will make a baby-girl-watch go a little quicker will make a baby-boy-watch burst. More boys are born than girls, but at the end of a year their numbers are equal—so more difficult are boys to bring up."

We discussed crying babies. "Well," he said, "if you and I had never cried we probably shouldn't be here to-day. Baby's cry is his protection ; he will always cry if it pays him. Baby cries when he wants mother to do something he cannot do for himself. But a well-managed, healthy baby hardly cries at all. Constant crying means something wrong in management.

The Smile of Good Health.

"Baby's smile," he said, "is equally indicative of his health. He should be smiling charmingly at four months old. His smile should show his pleasure and delight. Sometimes the smile is almost sardonic —there is contortion pointing to a nervous defect. It is true to say that more babies are chuckling and laughing to their mothers in England to-day than ever before."

"Can you give me," I asked, "the dimensions of the perfect baby boy and girl at one year old ?"

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"You may have an almost perfect baby who is either smaller or larger than the one I shall mention, but generally :

THE BABY BOY SHOULD BE :

Weight.	Height.	Circum. of Chest.	Circum. of Head.
21 lb.	29½ in.	17½ in.	17½ in.

AND THE BABY GIRL SHOULD BE :

20½ lb.	29 in.	19 in.	19¼ in.

HEALTHY CHILDHOOD MEANS HEALTHY MANHOOD

Modern Welfare Methods That Give Baby A Better Chance

By Miss. J Halford,

Vice-Chairman, Executive Committee of the National Baby Week Council.

At the 3,500 Infant Welfare Centres which now exist in the United Kingdom, some 35,000 babies are being kept well, as far as it is humanly possible to do so, by means of the help they get at these centres. There the mothers are taught how to avoid the many pitfalls that beset a baby from birth onwards and particularly during the early months.

They are encouraged to bring their babies regularly to these Centres, where the latter are weighed as a first test of progress, and where they are generally supervised by a medical expert and by a well-informed and specially experienced nurse.

The result of all this care, as Dr. Pritchard has shown, is that less than half as many babies die nowadays before they have reached their first birthday than used to die at the beginning of the century. And, of course, those that survive are far healthier and stronger than those born at the beginning of the century who did not receive this care.

Another interesting fact is that, no doubt largely as a result of the antenatal care and supervision that are more and more being given to mother—though even now the provision for this branch of maternal welfare is by no means adequate—the majority of babies are far heavier at birth than they used to be.

The normal birth weight of a British baby at the beginning of the century was 6½ lb., whereas to day 7½ lb. is the average and many babies exceed that weight.

Another factor that has no doubt contributed to the well-being of our British babies is the up-to-date, sensible method of clothing babies. The majority nowadays wear nothing but simple knitted woollen garments from the time they are born, and these, being so much more elastic, so much lighter and warmer, make for better health.

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How Baby Should Be Clothed.

No modern baby should have more than four layers of garments at the outside. At the beginning of the century, and even when infant welfare centres were first started during the first decade, it was no uncommon thing to find as many as 20 layers of garments on one unfortunate child, all made of the wrong meterial, tight in the wrong places and tied and buttoned with innumerable fastenings. Things have never perhaps been as bad as they were in Scotland, where one mother refused to undress her baby for a medical inspection because she said he was sewn up for the winter !

No More Long Gowns.

Long clothes are entirely out of fashion and it is to be hoped that they will not come in again with the long skirts for women. No self-respecting baby appears in public with a yard or two of muslin draping his legs, but they all wear cosy knitted pull-overs, covering them from feet to neck and leaving no opportunities for uncomfortable, draughty gaps. These garments also permit of free circulation of air to the baby's body, which is so vitally important.

Hats are the only garments that cannot be discarded in hot weather, in spite of the craze for the most limited possible quantity of clothes, as exposure to the sun is extremely bad for a baby's head and eyes. So often one sees babies lying in perambulators on their backs staring up into the sun as they cannot turn themselves, and without adequate protection for the eyes.

Care of Baby on Holiday.

At this time of year many mothers, but not perhaps as many as one would wish, are thinking of holidays with their little ones. It is essential in these cases that the same feeding methods and times should be followed as at other times and everything done to prevent the baby being upset by change of air, scene and habits. The less fuss that is made of a baby the better, but no baby will do well without that greatest essential of all, mothering. Babies need to be taken up and cuddled and kissed and to feel the protection of the mother's arms around them. But even in this there is a happy medium and it should not be done constantly or the mother gets no peace.

With greater health and strength goes greater happiness and contentment on the part of the baby and no doubt that is why one nowadays sees such thousands of healthy happy youngsters, alert, intelligent and contented, as compared with the large number of sickly, delicate-looking children one used to meet, especially in the slums of our large cities.

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MEASLES IMMUNITY

German measles is one of the contagious diseases which is, as a rule, self-protective ; that is, a person who has had an attack is protected for life against another attack. There are exceptions, however, just as there are in measles and scarlet fever of which well authenticated second attacks have occurred.

Measles and German measles are distinct diseases. An attack of one of these diseases does not protect the individual from an attack of the other.

Reports of Societies, etc.

—:o:—

DRUGS ENQUIRY COMMITTEE.

A meeting of the Committee was held at 12 noon on Wednesday, the 17th December 1930 at 1, Council House Street, Calcutta.

The following were present :—

1. Revd. Father J. F. Caius.
2. Mr. H. Cooper.
3. Maulavi Abdul Matin Chaudhury.
4. Dr. S. Sen, Factory Superintendent, Bengal Chenical and Pharmaceutical Works, Ltd. (Co-opted Member)

Dr. Girindranath Mukerji, Editor, Journal of Ayurveda, Calcutta, was examined.

Father Caius :—

Q. You mention in your Memorandum that you have come across durgs of impure quality. On what is your evidene based ?

A. On physiological action. I did not examine them in the laboratory.

Q. Are you satisfied that pyhsiological action is a good criterion ?

A. It is not a very satisfnctory criterion, but for practical purposes we can take that, especially in such cases as chloroform. I remember once a lady took six ounces of chloroform and she was not unconscious and we had to run for chloroform.

Q. Have you any idea as to what was wrong with that chloroform ?

A. I cannot say what was wrong with it.

Q. Do you remember if it was imported ?

A. Yes, it was imported. Since then I was buying chloroform from reliable firms only.

Q. What is your impressin about biological products ? We have been told by certain witness that most of the biological products in India are better than those imported ?

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A. All along I have used imported biological products and I have also tried biological products produced in the country; but I am not prepared to say that the country-made things are better than the imported things.

I have pressed in my memorandum that we should have the date of manufacture on the phial, as it so happens generally that things are kept for two or three years and then sold.

Mr. Chaudhury :—

Q. Have you any reason to think that the country-made things are inferior to those imported ?

A. No, I don't think they are inferior. I have used both kinds and so far as clinical results are concerned they are not inferior to imported things.

Father Caius :—

Q. Don't you think imported things lose enormously in transit ?

A. No, unless it is in storage for a long time before being sent to India. If a product has been prepared there and after two years is sent here, it is possible that it will deteriorate.

Mr. Chaudhury :—

Q. Is it not likely to deteriorate due to climatic conditions ?

A. I have not got any case from which I can say that it has deteriorated.

Father Caius :—

Q. Do you think that we ought to make it imperative on those who sell biological products to have a cold storage ?

A. Yes, cold storage will be better, but I think it would not be feasible because every shopkeeper will not be able to afford it.

Mr. Chaudhry :—

Q. If the date of expiry is there and if there is no cold storage, don't you think the quality will suffer ?

A. I don't think when they send these products to India they presume that these things will be preserved in cold storage.

Father Caius :—

Q. Would you control both foods and drugs or only drugs ?

A. I would like control for foods and drugs.

Q. Would you bring them under the same Act, or leave the control of drugs to a Central Body and the foods to Provincial bodies ?

A. There should be a central laboratory for the control of drugs, but as regards foods, we shall have to fix standards in every province.

Q. Is there any special point that you would like to stress in addition to the date of manufacture ?

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A. Besides the date of manufacture, the expiry date should also be noted. I have mentioned some of the medicines that are of defective strength. As a rule, I have found that the tinctures and extracts prepared here are not inferior to those imported.

Mr. Cooper :—

Q. In Europe and America, nobody is allowed to manufacture unless he proves that his Laboratory is sufficiently well equiped for the work ?

A. I would like to have that same thing here also. State control is necessary, otherwise we cannot manage to do all these things by ourselves.

Mr. Chaudhry :—

Q. It has been suggested that if there is a State control it would be viewed with suspicion by the general public ?

A. There should be a State control, but every man in that service need not be a Government servant.

Q. Would you insist on a non-official majority in that Committee ?

A. I would like it, but we should have experts only, whether they are officials or non-officials. Preference must be given to qualified Indians, but if we find an Indian who is not fully up-to-date, certainly I would not recommend him for that post.

Father Cains :—

Q. What would you think of the proposal to have in every Province Schools or Colleges of Tibbi and Ayurved and they would be allowed to give diplomas and only the doctors diplomated and registered from these different schools allowed to practise ?

A. There was an Ayurveda Committee appointed sometime ago, and I have blamed the Government for not acting according to the Report of that Committee. Ayurvedic and Tibbi Colleges should be run by Government. To standardise Ayurvedic medicines by legislation would be to strike a death-blow to the science. As the number of Ayurvedic medicines is very large, it would take years to ascertain their potency.

Q. Are you in favour of continuing the work which is being carried on in the School of Tropical Medicines ?

A. I like that very much but that donot raise Ayurveda any higher. The chief difficulty is that Government does nothing for Ayurveda. The same work is being tried in the Ashtanga Ayurveda Vidyalaya also but there is no force behind it.

The witness then read his written memorandum to the Committee and explained certain points.

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The *Amrita Bazar Patika* (Dec. 18, 1930) reports as follows :—

NEED OF AN INDIAN PHARMACOPOEIA.

Giving evidence before the Drugs Enquiry Committee Dr. Girindra Nath Mukherjea, Editor, Journal of Ayurveda, drew the attention of the Committee to the need of an Indian pharmacopœia. He said "I am for an Indian pharmacopœia. Not only will that satisfy our national pride but will also be considered at once as an authoritative work of reference and an event of considerable interest. You know we are for national government and everything national".

In this connection Dr. Mukherjea referred to the vast potentiality of raw materials that lie still unexplored in India and some of which are being exported to foreign countries and coming back to India as finished products at enormously high prices. The Doctor spoke highly of the possibilities of the cultivation of Eucalyptus Oil, for example, in Mysore which he had used to his medical satisfaction on more occasions than one. There was further a growing field in Kashmere, he pointed out, for a variety of indigenous drugs, yet unused or unexplored by British or German Medical Companies, but which may very usefully contribute to an Indian pharmacopoeia. This fact was most keenly felt, he said, during the war.

"I have never come across any case", he said, "where Ayurvedic medicines prescribed by a physician proved injurious to his patient. As there should be some control, a Committee of Experts consisting of eminent Kavirajes and Indian Medical men should be formed to control their preparation of medicine. And modern methods of research in pharmacology may be introduced gradually, so that the public may have full confidence in its working. It is the duty of the Government to start cultivation of medicinal plants for manufacture of drugs in India. And the materials would be useful to the manufacturer not only of European but of Ayurvedic medicines." He endorsed the proposal of a central body to control the drugs and provincials for foods. He appreciated in this connection the difficulty of a central controlling body for foods in as much as in the latter cases, for example, of ghee, milk and butter, chemical standards vary in different provinces.

He also pointed out that some of the medicines used in Indian dispensaries lost their potency due to want of cold storage or other safe-gurads, when kept long say for twenty years. Regarding the idea of an Indian Research Institute for the encouragement of Indian drugs, he appreciated the remark of Father Caius that "Bombay is not a place for research work. They always lose sight of the library : Calcutta is the place."

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News & Notes

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PLACE OF THE FAMILY DOCTOR.

The annual representative meeting of the British Medical Association considered the position created by the taking over of the old poor law hospitals by the county borough councils and the increasing number of contributory schemes throughout the country.

The Council's report, which favoured the maintenance of the voluntary hospital system, included schemes for the co-ordination of council and voluntary hospitals, and for the grouping of hospitals in different areas around a base hospital. With regard to contributory schemes. the Association was agreed it could not approve specific contributory schemes for the provision of hospital treatment as such. But it approved certain principles as applicable to any contributory scheme.

The meeting approved a scheme for the establishment of a general medical service for the nation. The scheme aims at providing a service available for every class of the population, covering preventive as well as curative medicine, and recommends that the medical benefits of the present National Health Insurance Acts be extended so as to include the dependant of all persons insured thereunder.

"The plan," the report adds, "has the advantage which a great many schemes presented to the public from time to time conspicuously lack—namely, that it is in accordance with the beliefs and traditions of the medical profession and would have its whole-hearted support."

The report also states that the public must recognise, as the medical profession does, that the family doctor is the foundation of any complete and efficient medical service. Specialism is increasing in every sphere, and the community is bound to encourage and use it wherever economical. But the specialist in medicine is the complement of the family doctor and not a substitute for him.

"The tendency of the public to short-circuit the family docror, more marked in some other countries than in this, is foolish, uneconomic, bad for the patient and bad for the medical profession.

"It is foolish because the average member of the public is incompetent to choose the specialist he ought to consult, and, just as he asks the solicitor for guidance in the selection of a barrister, so should he consult his family medical adviser on the choice of a medical consultant. Selection without such guidauce is uneconomic, because the patient is wasting his money and the time of himself and the specialist in going to him unprovided with the valuable information the family doctor could have given.

"It is bad for the patient because, in depriving himself of the advice of a family doctor, he is losing the immense psychological value of the relation between the patient and a known and trusted regular adviser.

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It is bad for the medical profession in that the disposition on the part of the public to fly to the specialists on the least provocation encourages medical men and women to crowd into the various specialities without that long training in general or hospital practice which are the means of making the only real specialist."

The scheme also provides for the establishment of "home hospitals," where patients could be treated by their own doctor while in hospital, and a maternity service scheme.

MEN AND WOMEN.

Generalisations about men and women will probably persist so long as there are men and women to make them and to be the subjects of them. But this fact, in which we must acquiesce, does not make them any more true or any more useful, and it is just as well that from time to time the finger of mild scorn should be pointed at them.

There was one uttered recently which will serve as an example, being even wider and more sweeping than most. A lecturer at the Students' International School at Cambridge delivered herself of the opinion that "men and women at present, in marriage and out of it, are not getting on together as easily as they might."

This is interesting, and, besides that, alarming. It sounds almost as if hostilities might break out at any moment. The troops, one feels, are massing on the frontier, and the smallest provocation will set the two sexes at one another's throats,

But when one has recovered from the first assault of panic, it is natural that one should ask oneself, "What men and what women?" For, to the ordinary observer, in his own house and in the houses of other people, in streets and restaurants and theatres, men and women seem to be getting on together much as they have always done—not too well but not too badly.

It is true that certain men quarrel with certain women. It is also true that certain men love certain women and, if satistical methods could be employed, it is highly improbable that we should find the quarrels more numerous or the love less intense.

There have been, to be sure, certain legal changes in recent years which have affected the position of women for the better and, in some cases, that of men definitely for the worse. But changes in the law do not produce changes of character. The masterful woman is not more masterful than she was before, and the clinging woman clings as devotedly as ever. If there is one generalisation that can safely be made it is that such things are only waves on the surface of a deep ocean. The fundamentals below persist unmoved.

———

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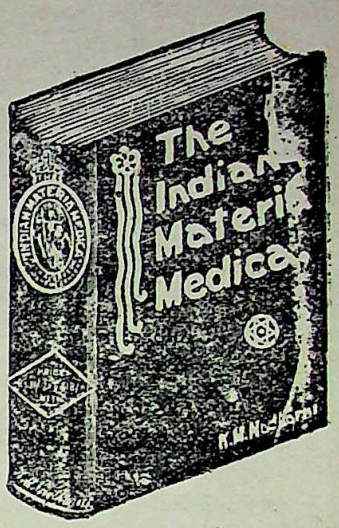
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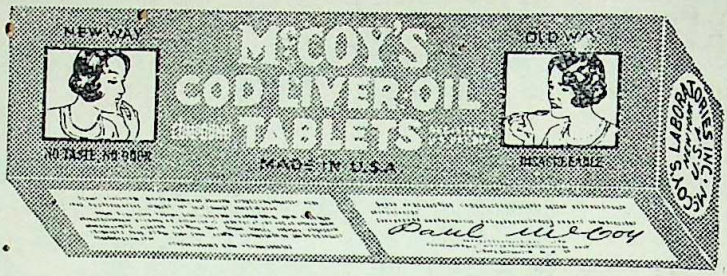
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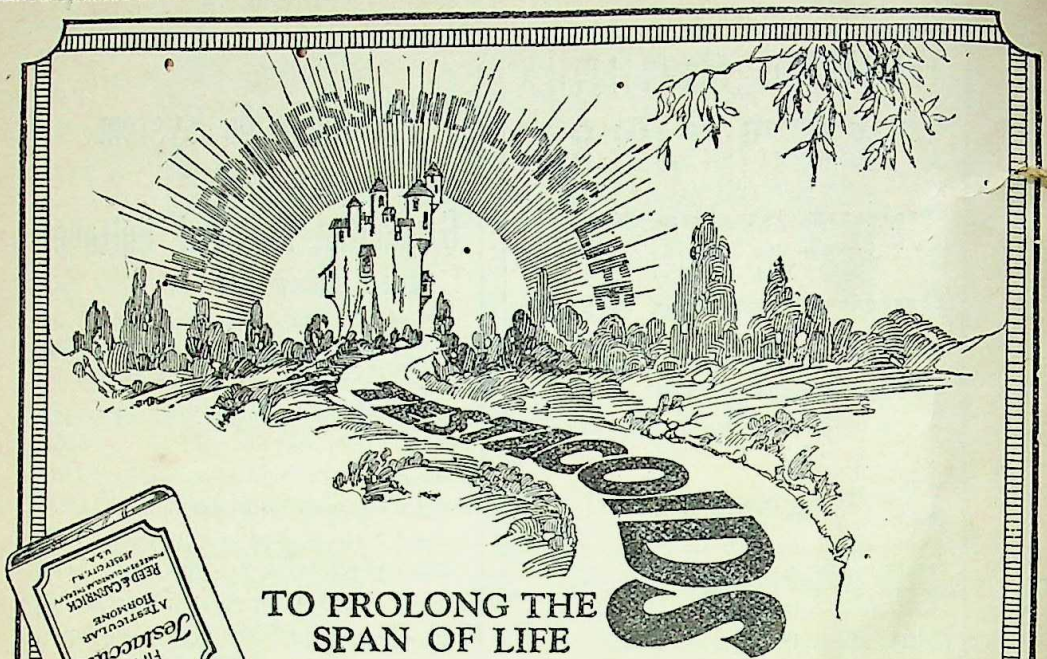
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THE JOURNAL OF AYURVEDA

Vol. VII.] February, 1931. [No. 8.

The Passing away of Pandit Motilal

The news of the death of Pandit Motilal Nehru will come with almost the violence of a personal bereavement to every Indian home. The melancholy event took place at Luknow on the 6th of February at 8 in the morning where he was taken up for better treatment. So far as official reports go, he contracted fever while in jail confering with Mahatmaji, apparently at the instance of outside influences.

The fever had a very bad course and in course of a few days he began to spit blood. He was of course detained in jail, this fatal disease notwithstanding. The authorities, however, set him at liberty after some time on grounds medical, as it was found not very safe to detain him longer. But the delay that was already made was too much and ultimately the disease proved fatal. Of course, there were some temporary lulls in the course but those were illusive. While at Dakshineswar under the treatment of Kaviraj Shyamadas Vachaspati, he was making a steady progress and convalescing. We thought of a recovery but that was not be and as soon as he reached Allahabad again, the disease reappeared and no medical skill could be of any avail. Dr. Bidhan Chandra Roy of Calcutta, however, succeeded in diagnosing the disease at last as "Fibrosis" but the patient died soon after.

In his death, the sense of national loss is not the less poignant because of the fact that the daily bulletines

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about the progress of the inexorable disease had already prepared the country for the worst.

Motilal was not merely the greatest of our elder statesmen, but at no time in our history has the need for such wise guidance as he could give been so urgent and indispensable. The sorrow and suffering that he so cheerfully faced in the cause of the country were deeply uncongenial to one who had led a princely life and undermined a health never robust and thereby hastened the end. Barely a few days before his passing he is reported to have told a friend, "I am not afraid of death and I have had enough of life, but I am determined to to live till I have seen the birth of a Free India." Death, alas, has won—and that is his country's misfortune; indeed there seems to be a fatality dogging her footsteps, which has snatched away some of her ablest and most devoted sons in the critical moments of her struggle for freedom. But such an optimism was in every way characteristic of the man—his Roman fortitude, the zest with which he enjoyed the good things of this life, the deliberate resolve with which he put them aside when the vision splendid of a free India came to him, and the indomitable spirit that sustained him to the last in the hope of seeing that vision realised, though the frail body was visibly crumbling day by day. Great in life he was not less great in death. Motilal has many claims to the proud and grateful remembrance of his countrymen. He was a great advocate, a brilliant tactician, an unrivalled political organiser and he commanded the allegiance of the intelligentsia in a measure unequalled by any other statesman of recent times with the exception of Tilak. He had, too, that rare social charm which is the index of a native aristocracy of soul and which no political vicissitude can quench. But, the quality that one prized most in him was the fundamental sanity and breadth of his outlook. He had the truly international mind. It was not the shallow cosmopolitanism of the,

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clever idler who finds in it a refuge from irresponsibility. Nor was it the pretentious idealism with which *blase* politicians are wont to while away a holiday stay at Geneva. He was a man to whom knowledge of the workings of the European mind came naturally ; and the European in his turn could understand him whereas he was merely puzzled or distracted by the uncompromising vision of a Gandhi or the volcanic emotionalism of a Das. He could play their own game as easily as the best of them and beat them at long odds. And the heat of the fray left no grudge or bitterness in his heart. Few of those Englishmen to whom it fell to cross swords with him in the Assembly would, we fancy, deny this or that he was undoubtedly the greatest Parliamentarian that India has so far produced. When she is on the eve of changes which are likely to usher in the reality of Parliamentary Government and not its semblance how great is the loss she has sustained in his death may well be imagined. Even more tragic does it become when we consider that, in the difficult days ahead, when a false step may dispel all chances of an honourable settlement or plunge the country in a struggle of which no one can foresee the end, we shall miss his sage counsel, the pervasive influence of his urbane personality, his enviable gift of establishing contacts, and the steady fire of his patriotism Many and great have been his gifts to his Motherland, not the least of them is a son of whom the country is justly proud.

STAYED IN BED, GREW 2 INCHES.

A remarkable case is described in the "British Medical Journal" to-day :—

A woman of 30 was taken ill, and stayed in bed for six days. When she got up again it was found that she had grown one and a half inches. A fortnight later she was measured again. She had grown another half an inch. Since then her height has not increased.

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Original Articles

AYURVEDIC THERAPEUTICS

OR

THE THEORY OF RASA, VIRJA, BIPAKA & PRAVABA

BY

VAIDYABHUSANA PURUSOTTAM SASTRI HIRELEKER,

AMRAOTI.

(Continued from our last issue).

In Nagodara or drying of the foetus which is due to want of proper nourishment in the womb, eggs are indicated along with other diet :—

तयोर्हृष्णवातघ्न मधुरद्रव्यसंस्कृतैः।
घृतक्षीररसैस्तृप्ति रामगर्भांश्च खादयेत्॥ (अ. हृ. श. अ. २)

From this it will be seen that eggs have other nutrifying qualities and if people other than pregnant women eat them, they will also get nourishment, fattyness, etc. But nutrifying the foetus is their special property or प्रभाव and the reason is manifest that they are similar in resemblance to the foetus.

For a weak man, who is wasting his semen, Ghee, Milk, etc. are indicated. Qualities such as greesiness etc. in Ghee or Milk are more effective upon such of the ingredients (Dhatus) that possess these properties, viz. Fat (Medas), Marrow (Majja) and Semen (Shukra). This is a similarity of qualities. But there is no speciality in them. The general growth of greesiness is effected by the *Snigdha* Veerya and is seen more in greesy ingredients (Dhatus) than in others, but there does not appear increase of semen as its specific and special property. It can increase Shukra (Semen) as well as fat, marrow, as also greesiness in the Rasa Dhatu (first ingredient) and Blood (Rakta Dhatu), and, therefore, it has not one important Prabhava or special quality.

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The flesh of a cock is said to be हृष्य (aphrodisiac), so also cock-sparrows are said to be 'परंशुक्रलाः', most semen-increasing, and if the wonderful power of co-habitation amongst these birds is observed, the above properties will be found to be true. While other properties of these animals are seen effective, experience of this special property is effective on the human body due to homogeneity.

In tuberculosis, when the bodily ingredients (Dhatus) get wasted, flesh soup has been prescribed, and there is no other principle in the same than this. In the very advanced stage of Diarrhoea, when not only intestinal liquids, fats, etc. but intestinal mucous patches also begin to pass out, the best remedy that is prescribed in such a case is the usage of intestinal secretion. If the remedy is taken into consideration, it will be understood that the usage of the intestinal secretion on intestines is based upon homogeneity. While describing the properties of milk, the milk of a cow is said to be the diminisher of Vata and Pitta ; that of a buffalo, appeasing strong appetite and producing sleep ; and that of a sheep is said to be light, producing appetite and wholesome for the healthy. Is not this difference due to the nature of these animals and the speciality in accordance with their qualities ?

Human milk is said to be lactagogue and that of a she-elephant to be causing steadiness. What speciality can there be for this difference in the qualities of milk of these two animals other than the natural speciality in accordance with their bodily structure ? In the Vajeekarana (Aphrodisiac) remedies (those that increase semen as well as sexual instinct), वस्ताण्डसिद्धदुग्धमथोवा: or the usage of milk prepared (after boiling) with the testicles of a goat, suggests on considering the particular organ, no other reason than its special power.

Mriga-Shringa-Bhasma (the ashes of the horn of an antelope) is used to increase marrow. Gorochana (dried bile of a cow) is effective in case of defective bile. The speciality of these has been fixed, no doubt, on seeing the natural special qualities. The use of fat is made to increase fat, morrow to increase marrow, etc. In this way, it will be understood that the speciality of effect depends upon the homogeneity of either their components or nature.

The above examples have been given from animal medicines. But the same must have been the underlying principle when

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the use of medicines was extended from animal to the vegetable class.

The usage of herbs and vegetables must have been brought into practice for the sake of convenience of both science and practice, and this thing should have occurred to the early discoverers. Convenience of practice does not require any great argument to prove. Because, abandonment of animal-slaughter was fixed by the considerate and sympathetic heart. Besides, if maintenance be kept upon animal-slaughter, animal class will fall short on account of the growing population. So, just as maintenance came to be on vegetables, so also they were brought into medicinal use, as it was easily seen that vegetables which feed the body and keep it alive or make it unhealthy can best be used to improve it. But while fulfilling this need, a question arises that, granted that this want is fulfilled, but which of the two in medicines are superior and inferior according to effectiveness? Are animals superior or vegetables. This point needs deeper consideration. That vegetables increase bodily substances (Dhatus), it is clear that they exercise supreme power on the body. But there is also another speciality in them. Our body has been briefly described as being in the form of Doshas, Hormones, Dhatus (Ingredients) and Malas (Wastes). It has been detailed in the description of Tridosha in the beginning of this essay and it will be understood from the same that even though disorder be in the Dhatus, even though they are the very pillars of the body, their production depends upon minute atomic particles residing in between them. These are called त्रिदोषाः (Three Doshas). There is no productivity in the Dhatus which are already formed. The change in them is only towards Malas or Wastes. Their action after they are fully grown up is wastage. Animal substances are already formed, and, therefore, productivity is less in them. Even though they bring an instantaneous increase or effect in the diminished Dhatus or any other bodily substances, they do so on steady parts and in steady form, and do not have any particular action upon the productive particles. Liveliness and lastingness of every substance depends upon the power of its productive particles. This is why in the Ayurvedic System of Treatment, it is told that treatment must act upon the Doshas (Three productive Hormones of the body). Malas, Dhatus and Doshas are more and more lively (vital), more and more lasting, and more and

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more organic. If, therefore, lastingness, powerfulness and liveliness are desired to be produced, it is quite natural that the same should be in the form of Doshas. Vegetables are elevated in the form of animal bodies. When substances of vegetables are combined with those of animal bodies, there arises power of elevation in them. A substance formed in the animal body (Dhatu) cannot elevante but has to waste or form into Malas (refuse) (has to degrade). This means that vegetables are full of the power of being in the path of elevation, and animals have reached elevation. They have no prospect hereafter, and have the only recourse to waste away. Considering, therefore, in this light, it is more scientific to use in medicines vegetables which possess power of productivity. They are more powerful and lasting, and that is why vegetables have been considered to be pre-eminent amongst medicines.

If vegetables are to be used, why not then use the minerals themselves that produce them? Such a searching query brought into practice the use of minerals also. Truly, the animal body is made up of five elements and its growth is effected by the same elements, and minerals already exist in them. Besides, what more do vegetables do than supplying minerals to the body, and if so, then why not use these elemental substances themselves? Such an argument is not wrong. Vegetables are midway between minerals and animals. They receive minerals and supply them to animals. Then, if minerals can themselves be taken, what is the necessity of this intervention of vegetables? In this way, the use of minerals has become popular, and to-day Ayurvedic Treatment chiefly relies upon minerals such as Rasas Uparasas, Lohas and Sadharana Rasas (Mercury, Sulphur, Abhraka, Iron, Gold, Hingula-Vermillion, Harital-Yellow Orpiment-Red Arsenic, Arsenic etc.), whose names are even not found in the ancient Ayurvedic Classical Texts, and the herbal treatment has fallen down (lost its reputation), so much so that on account of its simplicity and cheapness, it has lost faith and one will wonder to hear that it received an apithet as "Jungley or wild Treatment", a censurable name in reality, though true by an expressed meaning. Advocates and well-wishers of Ayurveda have without full consideration preferred to accept the more easy Rasa-Vaidyak (Chemical Treatment) and did not think of its merits or demerits, and neglected Ayurvedic principles, though indirectly. It may be rather bold to give any decided

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opinion about this, but it is essential that vegetable treatment and mineral treatment must receive full consideration after which a proper satisfaction of the above query will be had, and whatever it may be, it is sure to benefit Science.

WHAT IS THE DIFFERENCE BETWBEN VEGETABLES AND MINERALS ?

Original components of substances in vegetables are minerals, and it is true that vegetables are produced from them, but original substances are in the separated state and vegetables spring out from a somewhat natural mixture of these substances. There is, therefore, a great difference between the two—one independent substance and the other sprung up from the mixture of many such substances. Besides, components being united and having turned into a mixture on account of the combination with the element Water, lively action begins there. Such lively (vital) action does not exist in the original substances. It is true that life is begun in vegetables by the mixture in them of earthen or mineral substances, but when once it was begun, vegetables have been enjoying on account of that a high seat in the living creation. Besides, body is also formed of the same composition and the vital actions in vegetables are also of the same type. Therefore, when these vital actions are disordered, similar vegetables in which such vital actions take place will naturally be more effective. So also many parts of the human body and their various movements are formed of various mixtures, and, therefore, power of the component substances will not alone suffice. There is no doubt that it will turn into a mixture, and the assimilation with them of vegetables which are similar to the organs of senses and form parts of qualities of them, and experiencing lively movements will be more and found to be more effective.

Iron and other like metals have sensation in them and are dissolved in others. Other substances act upon them. But there is no vital action going on in them. Seeds to create likeness are not produced in them. Therefore, even though they possess life, it is absolutely less than in vegetables. In this sense, minerals can be called orgahic. In bodily Dhatus, Malas (refused particles) have also got some sensation, but very little. Dhatus also possess this sensation, but they have no productivity. This productivity lies with the Doshas alone, and that is why

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they are pre-eminent. In this sense, it will be better if we say for the sake of convenience of description Doshas as Sendriya (organic), Dhatus as Chetanamaya (Sensitive) and Malas as having sensation. This will show the gradation of their powers. It will be more clear if the delineation of the Tridoshas is well understood.* In conclusion, there is no doubt that vegetables will retain their superiority in medicines on account of their possessing homogeneity with bodily substances with different physical constituents, with bodily form, action and vitality. So also it is clear that living vegetables are more powerful on account of their vitality. But it is impossible to obtain always and everywhere living vegetables, and understand their usage, and, therefore, it is required to use dry ones. But even dry herbs are superior to minerals, Because they have approached still nearer the stage of animals in the universal creation. Even while using minerals, efforts are made to turn them similar with vegetables. The principle in the vanishment of their form (निरुत्थमस्मीकरण or calcination of the metal) by many consecrations proves the same thing. After having vanquished their original form by such consecrations and with the help of vegetables, in such deformed state, they become fit to get elevated to and similar with the next vegetable class. This practice of their use is a skilful discovery, no doubt. But it does not show that they are equal to vegetables. Besides, even after having reached such a stage, they have not got the power in them to effect a particular action and on a particular part of the body apparent in the combined state, as the same has been reserved by Nature exclusively in her own hands.

Suppose, for instance, a disease is produced on account of some particular disorder in blood. In this case, similar constituents are required. The same are existent in iron and, therefore, Loha Bhasma (Calcined Iron) is used in such a case. Living cells of the blood will be strengthened by this iron and the disorder will go away. But when ? Not unless there is a common disorder in the whole body or in the area of blood. Because, the particular constituents of blood are increased by iron in general. But when on account of this defective blood a disease takes place in a particular part of the body, as for instance, sometimes

* Read the present writer's Marathi Work on "Tridoshas or the Fundamental Principles of Ayurveda."

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there is swelling, sometimes inflammation in a certain part, sometimes resulting in dropsy, etc, in such cases, general medicine is useless. Here medicine should be such that will act upon the particlar part, that is to say, it should be of the same kind and will consequently act specifially upon it. The same is considered as Prabhava. All the diseases arise through indigestion, and generally they pass away by general medicines that remove indigestion. But when on account of the various stages of this indigestion or due to the particular disorder in the abode of the disease, there appear fever, diarrhoea, vomiting, scurvy, etc., specially effective medicines such as having the property of diminishing fever, diarrohoea, etc., are essential. Such a special quality cannot be in the original components, but will be in the vegetables which are formed because of their particulal mixture. The general medicine is effective, no doubt. Whenever there is no stronger a disease even in a particular part, such a general medicine will show its effect. General medicines are also more effective on the diseased part than other parts. Because there is a particular strong movement going on to resist disease in the diseased part, the sensitiveness, there, is more awakened. Any common substance, good or bad, is, therefore, more effective. there. A substance which does not show any remarkable effect in a healthy condition is experienced to be in the diseased state curative or producing diseases. Trikatu (Powder in equsl parts of Ginger, Pepper and long Pepper) dose not show any particular effect on a healthy man. But in indigestion, it is effective. With all this, however, it is not sufficient to depend upon the natural resisting power of the body, and when the power of the sense in a certain diseased part is very much lessened and is not sufficient to resist the disease, the medicine specially effective on the *particular part* must be used. To depend here upon a general medicine will be a sheer mistake. In this respect, the chemical treatment (by means minerals) is imperfect.

Thus it will be clearly seen that minerals being imperfect and animal substances having reached perfection as their productivity is spent in some other body and they being on the path of waste, both these substances are inferior in the seience of treatment, and vegetables alone top the list.

The object of all the above explanation, which has been rather a digression, is that there is a great necessity of the specialised action in the medicinal substances, and this specialised

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action means homogeneity in qualities, actions and nature in the particular part of the human body. This homogeneity comes by the particular kind of mixture of the five elements and such mixture and its qualities are existent more in vegetables. It is, therefore, that such specially effective medicines are found in vegetables alone. All these things if collectively remembered will help to understand the meaning of "Prabhava". Prabhava means a particulal action effective in the particular part of the body. Then the idea that Prabhava was fixed after taking into cosideration this homogeneity is not wrong, When the special size of every substance, its special nature, special qualities, special mode of production, etc. are taken specially into consideration and the relation of the substance which resembles in size, nature, qualities and actions is observed, it will be seen that the idea which was formed that some special action will be effected is really one that would settle the Prabhava of a substance. If this line of thought is accepted while observing the properties of substances mentioned in Ayurdeda, the whole riddle will be solved.

The method of determining the properties was such. First of all, similarity (of structure between the herb and the human body)that was broadly seen was noted down and beginning from the same, closer observation was given to the minute division of substances, and developing a power of observation in this way, it was possible then to determine their properties. In this obsertion, that property which was not conceived to the common guestures was kept out as अचिन्त्य or incomprehensible, and such properties alone have been remarked as अमीमांस्यान्यचिन्त्यानि। But had this view been held from the very beginning, no properties could be determined as then there remains no inducive principle for experiencing properties of medicines. If the above observation be resorted to while reading Ayurvedic properties of Substances, the complication, uncertainty or ambiguity that is felt at the outset will vanish and a clear conception will be had of them, as also their gradation—superiority, inferiority or the intermediate stage will be understood. So also, the difficulty as to what reading should be accepted in case of doubts or inconsistencies will be solved. Some instances are given to clarify substances of common properties, those of special or Prabhavi properties, as also their common and special action. Before citing these examples it should be noted here that properties effective specially

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on a particular part are not given in every case in the texts. Only Rasa, Vipaka and Veerya are given, and Prabhava is mentioned only in the case of exceptionally Prabhavi substances. It will, therefore, be required after reading the Rasa, Vipaka and Veerya of the substance to see that the action of Veerya will be effective more in that part where with there is greater similarity, and then the properties given should be taken to be effective on that particular part. This will be clear on a comparative study of Therapeutics and Treatment, and it will be found that in many cases such properties have been made use of. Moreover, one more peculiarity is seen in the ancient works such as Charaka, Sushruta and Vagbhat, that treatment of many diseases has been given, but properties of many of the medicines prescribed therein are not given.

The properties of dietery are, however, given in abundance and we wonder whether there were any other works on Therapeutics in those times also. Then if the properties are to be accepted on scriptural authorities alone, all of them shall have to be accepted in to to as everywhere there is Agama or authority of texts. It must, therefore, be held that there should have been some guiding principle to determine the properties. Charaka had also presented the idea of similarity of place, and speciality of properties—

"द्रव्याणि हि द्रव्यप्रभावाद्गुणभावाद्द्रव्यगुणप्रभावाच्च तस्मिन्काले तत्तदधिष्ठानमासाद्य तां तां च युक्तिं अर्थं च तमभिप्रेत्य यत्कुर्वन्ति तत्कर्म, येन कुर्वन्ति तद्वीर्यं, यत्र कुर्वन्ति तदधिकरणं, यदा कुर्वन्ति स कालः, यथा कुर्वन्ति स उपायः, यत्साधयन्ति तत्फलम् ।" (च. सू. अ २६—१०.)

"अनेन निदर्शनेन नानौषधीभूतं जगति किंचिद्द्रव्यमस्तीति कृत्वा तं तं युक्तिविशेषमर्थं वाऽभिसमीक्ष्य स्ववीर्य्यगुणयुक्तानि द्रव्याणि कर्मकराणि भवन्ति । तानि यदा कुर्वन्ति स कालः, यत्कुर्वन्ति तत्कर्म, येन कुर्वन्ति तद्वीर्यं, यत्र कुर्वन्ति तदधिकरणं, यथा कुर्वन्ति स उपायः, यन्निष्पादयन्ति तत्फलमिति ॥"

(सु. सू. अ. ४१—७८.)

(meaning, all sorts of substances become effective, some by specialities of their components, some by those of qualities (which are known under the style of Veerya) and some by those of components and qualities together. The speciality of components means special qualities according to the varieties of substances. That which they do at different times in different places and by different uses and through different objects is their Karma or action, the things (qualities) by which they are effective is their Veerya; the place where they produce the effect is their

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Adhishthana (place of resort); the time when they produce it is their Kala; the measure by which they produce it is their Upaya (particular usage); and that which they accomplish in the form of the production of disease or healthiness is their Fala (result). The foregoing quotation from Sushruta has the same meaning. If the above quotation from Charaka and the similar one from Sushruta is taken into consideration in its true sense, it will be seen that the cause of speciality of merits is the speciality of substances. The speciality of substances and that of properties are only given there, and it is clear that any substance is effective by its properties such a Snigdha, Sheeta (greesy, cold) and by the particular speciality of the substance. Rasa and Vipaka point out the direction of work but do not possess any activity. Veerya does general or whole-bodily action and Prabhava in a particular part of the body. These two actions of substances are given under Dravya—Prabhava and Guna-Prabhava which shows that speciality of a substance is admitted as the principle of Prabhava. Well then, we shall give here, as said before, a few instances. (*To be continued*).

LODHRA AGAIN

BY

VAIDYA BHANUSHANKER P. SHASTRI,

Ayurvedic Practitioner, Whittle Press Road, Wadhwan C.S.

At the outset, I wish to recall to the memory of the readers of the Journal the article on Lodhra—Symplocos Racemosa—Contributed by one of the famdus medical practitioners of Calcutta, Dr. Kartik Chandra Basu, M. B. (Vide May issue, Vol. V. No. II). Since then, I have been extensively prescribing the Lodhra powder either with milk or sugar or both in refractory and advanced cases of Menorrhagia, Metorrhagia, various concomittant complaints styled "female ills," etc. with exceedingly satisfactory results, sometimes surpassing my expectations.

℞/-

Pulv. S. Racemosa grs. 60.

T. d. with sugar. (Prepare three powders, each containing grs. 20.)

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I have experimented with the crude powder of the drug alone, as shown in the foregoing recipe, on several female patients both in my private and public practice in the Free Ayurvedic Dispensary, subsidised by the Limbdi State. Now at the end of a year I think myself entitled to pronounce my clinical experience with this drug. I have nothing but to confirm and endorse the views laid down by Dr. Basu, who cannot be sufficiently thanked for his contribution of immense practical utility from a medico-clinical standpoint. It is really refreshing to find that our brethren lay bare their treasures at our disposal for uprooting or minimising many a disease which would have been otherwise neglected and dubbed "incurable," "hopeless," etc. Every medical practitioner is confronted with one major mishap—want of patience on the part of patients who have very curious ideas of what we call cure and simply show enthusiasm in changing one doctor for another. Hence clinical research is perhaps at a low ebb so far as junior private practitioners are concerned. Patients need a little education, say a smattering of the healing art and science, if not something more.

Without the least intention of casting stones at the laborious paraphernalia of the Allopathic System of Medicine, I wish to draw the attention not only of the medical profession but also of laymen to the naked economic truth of the cheapness and efficiency of our Indigenous Drugs vs. foreign preparations with all the emphasis I can command. The sooner the public is disillusioned of such tinsel preparations the better.

Revenons a nos moutons ! Of all the cases I treated with the durg last year, success did vary according to the severity or otherwise of the disease, age, occupation, diet, habit, etc. Generally the younger the fair sex, the more speedy the recovery. Aged patients took a comparatively long time to recover. Whenever it was found necessary to have recourse to external applications also, cloths saturated through and through with the decoction of the Lodhra bark (cooled down) were applied per vaginum. This always formed a part of their home treatment and necessary directions for the same were either given to their husbands or intimate female relatives. In a few cases simple cold water instead of astringent decoctions served the same purpose. There are so many drugs having astringent properties e. g. Ashoka (Joneshia Ashoka), Pathya (T. Chebula), Babbul (Acacia Arabica), Ashwattha (Ficus Religiosa), Arjuna (Terminalia Arjuna), Amalaka (P. Embelica), Aksha (T. Belerica), Manjuphal (Gall Nut) and many more in

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the Ayurvedic Pharmacopoea that a physician is at ease to choose and use any one of them either singly or in combination. The following which I selected in my practice will not only illustrate the point in view but will also give rise to many others of similar therapeutic potency :—

Lodhra—S. Racemosa—1 tola

Aqua..... .....30 tolas.

Directions :—Make a decoction of the coarse powder of the above in a clean earthen vessel. Reduce it to one half of the above quantity of water. Allow it to cool down of its own accord. Filter and keep it in a stoppered bottle. Add and dissolve, if necessary, 20 grs. of powdered raw Alum (फटकी) in the bottle. Thereby the desired therapeutic value is increased. Decoctions should be considered inert after a lapse of 12 hours and also when kept overnight.

Lodhra, on account of its astringent and specific uterine tonic effects, is prescribed internally as well as externally. In most cases as a matter of fact, a continuous internal treatment brings round the patient, stopping excessive blood discharge and regulating menses. Local treatment can be relegated to cases of pressing necessity. 20 grain dose twice or thrice a day should be administered eight days before the period of menses and continued until the next. Sometimes a routine treatment for a month or two was followed. Lodhra should not be given in large doses at a time because it intereferes, most probably, with the natural functions of the stomach and intestines. Lodhra is after all an astringent drug to be used in small repeated doses rather than in a single large dose.

In Chyluria (पिष्टमेह) * I have not tried the drug and am not in a position to say anything against or for it. The leaves of

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* शुक्लं पिष्टनिभं मूत्रमभीक्ष्णं यः प्रमेहति।
पुरुषं कफकोपेन तमाहुः शुक्लमेहिनम्॥ *Charaka.*
दृष्टरोमा पिष्टरसतुल्यं पिष्टमेही मेहति॥ *Sushruta.*
संदृष्टरोमा पिष्टेन पिष्टवद् बहुलं सितम्॥ *Vagbhatta. (A. H.)*

The comments upon पिष्टमेह are interesting. "शुक्लेन पिष्टमेहः। अव पिष्टवदित्यालेपनपिष्टवत्। चरके पिष्टमेहः शुक्लमेहशब्देन पठितः।" *Vyakhya Madhukosha.*

"पिष्टमेहमाह संदृष्टेत्यादि। तण्डुलादिकृतालेपनपिष्टवत्। संदृष्टरोमा। रोमांचितशरीरः। पिष्टमित्यनेन श्वेतत्वं श्वेष्मणः श्वेतत्वात्। पिष्टप्रमेहः खलुशुक्लभागादितिवल्लान्तरे।"

Atanka Darpana.

शुक्लं सशुक्लं शिशिरं शनैर्वा लालिवं वा वालुकया युतं वा। *Charaka Chi. 6.*

So Chyluria is an urethral discharge characterised by a milk-white colour, as if sprinkled with flour (पिष्ट). Charaka calls it शुक्लमेह।

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Kapittha (Feronia Elephantum) enjoy reputation in curing this particular discharge.* (Vide Zandu Pharmacy Brochure). I have used them on some patients and recommend them to the medical profession. Sushruta, however, prescribes the decoction of Haridra (Curcuma Longa) and Daru Haridra (Berberis Aristata) to a Chyluritic patient. पिष्टमेहिनं हरिद्रादारुहरिद्राकषायम्। Charaka recommends Kapittha flowers and not leaves in all the Pramehas arising out of the disorders of Kapha and Pitta combined. "कपित्थपुष्पानि च चूर्णितानि क्षौद्रेण लिह्यात्कफपित्तमेही।" Sushrut also mentions (सिकतामेह) in the general treatment of Pramehas. "मधुकपित्थसरिचानुविद्धानि चास्मै पानान्युपहरेत्।" Vagbhatta follows in the foot-steps of Charaka and Sushrut. "कपित्थ तिन्दुकं जम्बूस्तक्रता रागखांडवाः।" So it is clear that Kapittha leaves or flowers await further research at the hands of Ayurvedists in the treatment of Chylura. Still the Rodhrasava of the ancient Acharyas is a preparation worth trying in such urethral discharges. (Vide Brihat Trayee Prameha Treatment).

I have found, moreover, the Lodhra bark efficacious in Leucorrhoea from which many females suffer. Douches of the bark decoction may be applied to establish local cleanliness and astringent effect in addition to the internal treatment.

In dysentery my experience with the drug is scant, because I have used the drug in compound preparations, *e.g.* Ambashthadi Kwatham and Gangadhar Choorna. Astringent and sedative drugs which are indiscriminately used by the laity and the profession also are contra-indicated in the primary evacuant stage of dysentery attended with griping and tenesmus. When nature tries to unload the overburdened alimentary tract, it is the height of medical folly to suppress dysenteric stools recklessly. Such a slip-shod method may produce grave complications :—

आमातिसारिणां कार्यं चादौ संग्रहणं नृणाम्।
तेषां दोषा विबद्धाः प्राग्जनयन्त्यामयानिमान्॥ *Sushruta*

प्रयोज्य न तु संग्राहि पूर्वमामातिसारिणि।
अपि चाध्मानगुरुतागूलस्तैमित्यकारिणि॥ *Vagbhatta.*

न तु संग्रहणं देयं पूर्वमामातिसारिणे।
विबध्यमानाः प्राग्दोषा जनयन्त्यामयान्बहून्॥ *Charaka.*

A preliminary wash of the alimentary canal should be made by means of castor oil or T. Chebula (प्रागदा प्रागदो दोषे विबद्धे संप्रवर्तिनी) or both together. When stools are free from mucus and blood and

* Also used in lessening red sand from the urine सिकतामेह (Khory).

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show no signs of indigestion (निराम according to the Ayurvedic terminology), astringent and sedative remedies can be advantageously administered. The preliminary wash is *sine qua non* in the treatment of dysentery where there is almost always a deficient bile secretion. Dr. Hem Chandra Sen remarks "It is a well-established fact that natural bile secretion is essential in the treatment of dysentery and other bowel complaints etc." Taking this fact into consideration, calomel and sulphides of mercury are used by the Allopaths and Ayurvedists respectively.

Tilvaka is one of the many synonyms of Lodhra to which purgative properties are ascribed by Charaka and Sushruta. In common practice the bazaar Lodhra does not produce any such effects. So Tilvaka is an obscure tree, the red bark of which was formerly used as a purgative or a laxative. Lodhra and Shabar Lodhra (Pathani Lodhra ?) are available in the market but both of them possess the same astringent property. So Tilvaka is yet debatable botanically. Vaidya A. P. Pattani recommends Rhubarb as its appropriate substitute. (Vide Nighantu Adarsha) সুশ্রুত.....অধোভাগহর দ্রব্যের মধ্যে তিল্বক পাঠ করিয়া বলিয়াছেন "তব তিল্বকাদীনাং পাটলান্তানাং ত্বচঃ" সুতরাং লোধ্রত্বকের রেচনত্ব প্রতিষ্ঠিত হইতেছে। নিঘণ্টুকার বলিয়াছেন "লোধ্রো গ্রাহী" এবং শাবরলোধ্র "চক্ষুষ্যো মৃদুরেচনঃ" সুতরাং সুশ্রুতের সহিত বিরোধ ঘটিতেছে। চরকোক্ত তিল্বক কল্প (কল্প স্থান ৯ অঃ) পাঠেও তিল্বকের রেচকত্ব অবগত হওয়া যায়। অস্মদ্দৃষ্ট কোনও নিঘণ্টুতে শাবর লোধ্রের পর্য্যায়ে তিল্বক ও তিরীটক শব্দ পঠিত হয় নাই। (Kaviraj Biraja Charan Gupta. Vanaushadhi Darpana). If Tilvaka is really identified, Ayurvedists will be securing a long lost useful drug in their armamentarium and especially in the treatment of dysentery.

Before closing this article of mine,—interspersed with digressions—I quote from the same Bengali Nighantoo the observations on Lodhra by R. N. Khory :—"Astringent and tonic ; with Bael and Nux Vomica given in diarrhoea, dysentery, menorrhagia and other Chronic discharges. The decoction is used as a gargle in relaxed uvula and bleeding gums ; and as a plaster it is used to promote maturation of boils."

Lodhra is extensively mentioned by Charaka, Sushrut, Vagbhatta, and later compilers in so many diseases at so many places that the curious reader can be best directed to refer to the original sources in which he will find many important points of research and engrossing rumination.

सर्व्वथा सर्व्वमालोच्य यथासंभवमर्थवित्।
अथाध्यवसितत्त्वे च कार्य्ये च तदनन्तरम्॥ *Charaka Viman. Ch 4.*

प्रत्यक्षतो हि यद्दृष्टं शास्त्रदृष्टं च यद्भवेत्।
समाऽतस्तदुभयं भूयो ज्ञानविवर्द्धनम्॥ *Sushrut Shareer Ch 5.*

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ASTROLOGY IN HINDU MEDICINE

BY

ASHUTOSH ROY, L.M.S. (Hazaribagh).

(Continued from our last issue)

INFLUENCE OF BIRTH STAR.

No. 1— He will have knowledge of animals, repected, strong-minded, insincere, fickle but merciful, attains favour of kings and females by the art of flattery, fat, handsome, well-statured, fortunate, dextrous, intelligent, of martial habits, ambitious.

She will be strongly-built, proud, able, possessing knowledge of the current usages of society.

No. 2— He is expert in dealing in food grains, cruel and of bad habits, steady, determinate, brave, able, victorious, will live in foreign lands, speak truth, suffer often from disease but never overwhelmed, happy but feebleminded, strong but not forward.

She is very happy, good-looking, smiling, doing good to parents, affectionate.

No. 3—He has high hopes, of miserly habit, is given up to anger, fearful, of flat face and cheek, vexed of exercise, can eat well and become famous, loves female company, obstinate.

She is powerful, famous, loves to eat and is of tolerable appearance.

No. 4—He is capable of enjoyment, benevolent, sanctified, wealthy, truthful, amiable, expert in works of art and philosophy, strong with big eyes and broad forehead, of "Kapha" temperament, occasionally angry, handsome, of fixed determination and good memory, passionate.

She is honoured by society, having good longevity, mother of several children.

No. 5—He is strongly built and handsome, courageous energetic, calm and thoughtful, attended by friends and children, wealthy, educated yet fickle, selfish and proud.

She is wealthy, economical and pleasing to parents.

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No. 6—He is cunning, fickle yet strong, always smiling and answering demands of others, wealthy yet covetous, devoted to religion and public purposes.

She is quarrelsome, vicious, creating enemies.

No. 7—He is devoted to religion and his own affairs, respects parents, devoted to females, is possessed of great wealth and family, but lives abroad, is happy, contented, intelligent and patient.

She is god-fearing, merciful, loved by friends, having no enemies.

No. 8—He has good intelligence and business habits, heads the family, is wealthy, wise, strongly built, regards good and educated men, kindly, truthful, dealer of food grains, is attached to high officials.

She is religious and capable of doing good.

No. 9—He is suppressor of his enemies but false, of irritable temper, capable of rash action, wanting in knowledge, does not properly select food, faithless, cunning, dealer in fruits, animals and medicines.

She is quarrelsome, powerful but fickle.

No 10—He is quarrelsome, courageous, powerful, of keen perception, educated, shuns female society, of little wealth and children, keeps a large retinue, respects God and his parents, capable of attempting great things and serves the state.

She indulges in costly food and articles but serves her God and parents.

No. 11—He is wealthy, lives abroad, has no enemy, maintains dependants, good at heart, good speaker, charitable, serves his king, always youthful, expert in singing and dancing.

She is uncharitable.

No. 12—He is loved by men, charitable, wealthy, has children, educated, poetic, encourages fine art, mild speaker, good soldier, keeps good company.

She collects fortune and is of poor religious feeling.

No. 13—He is wealthy with beautiful eyes, powerful, influential, truthful, educated, having masterly habits but not in speech, addicted to wine and females, encourages thieves and earns by service or professing fine arts.

She—skilful but ill-tempered.

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No. 14—He is a good painter, wealthy, fortunate, respected, lives by well-earned means, loved by men, regard for God, parents and good men, capable of performing famous feats, handsome, dealer in clothes and valuables, earns by writing, mathematics or medicine.

She—loves white clothes, is regarded by men and serves her parents.

No. 15—He is very wealthy, given to art, in metals or given to trade, gets money and clothes, happy, kind in manner and speech, religious, educated, expert, likes animals.

She—energetic and successful.

No. 16—He lives abroad, contending with the learned moralist, possessing good teeth, handsome well-spoken but quarrel some, versed in selling and purchasing, greedy.

She—religious, modest, wise and truthful.

No. 17—He is mirthful, revengeful, wealthy but lives in foreign lands when young, loves to travel, serves the king, bad-looking, energetic and strongly built.

She—given to enjoyment, loves wine and meat.

No. 18—He is powerful, of beautiful face and eyes, gets many children, wrathful, learned, evil-minded, quarrelsome, has few friends, contented, founder of a craft, poet, critic, traveller but given to bad company.

She is of slender form, quarrelsome and capable of using arms.

No. 19—He is interested in all arts yet incapable, of evil habits though helping friends, envies others' happiness, has ample means, is powerful, sells medicine and keeps garden.

She—sinful, addicated to vice.

No. 20—He is praised by all men, loves humanity and God, respects friends, dextrous in action, terror of enemies, able, famous, respected, fortunate, helps others, modest and truthful.

She—religious, meek, truthful, does good work.

No 21—He has bad acquaintance, is guided by females though learned, sharply intellectual, of thin stature, successful, modest, has got large circle of friends and children, lives by civil employment.

She—chaste, well-spoken, a good hostess and possesses children.

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No. 22—He is religious, honoured, of able judgment, respects God and good men, goes to pilgrimage, gets good many children, eminently fortunate, handsomen, good speaker and writer, capable of doing much good.

She—modest, respected, self-relying, friendly.

No. 23—He is of high status, of "kapha" temperament, quarrelsome, has large family, able to publish good books, attains fame of kings, charitable, takes interest in fine arts, fond of female company but hates them, loves quiet.

She—anxious to make money and loves flowers.

No. 24—He is void of energy and mere talker, deceitful, good driver, wealthy, courageous, victorious, earns living by trade in fish and wines.

She—sinful, strong, puts others to difficulties, but at times does good.

No. 25—He is poor yet charitable, modest, able, well-intentioned, though sometimes given to evil ways.

She—is given to sin but fears God.

No. 26—He is energetic, powerful, happy, supporter of good works, of good physique, able speaker, possessing children, firm determination, respected by good men, sometimes given to anger.

She—religious, noble and of fine intellect.

No. 27—He is of fine intellect, good judgment, handsome, learned, well-employed and fortunate.

She—serves all respected men, willing to do good to others.

N. B.—These influences are largely affected by counter-influences and hence all points must be weighed before pronouncing judgment.

Hindu inauspicious and auspicious stars from birth star.

3, 12 & 21 5, 13 & 23 7, 16 & 25	From birth star are inauspicious, the rest auspicious.

Relation of stars to parts of the body

Aswini (Head), Bharani (Eye brow), Krittika (Eye brow), Rohini and Mrigasira (Eye), Adra and Punarbasu (Ear), Pushya (nose), Aslesha (cheek), Magha (cheek), Purba Phalguni (lip),

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Uttarphalguni and Hasta (teeth), Chitra (tongue), Swati (Jaw), Bishakha and Anuradha (Nipple and breast), Jyestha (chest), Mula (sides), Purbashara (side), Uttarashara (navel), Srabana (Hip), Dhanista (Rectum), Satabhisa, Purba-Bhadra, Uttara-Bhadra and Rebati (Feet).

In relation to trade etc.

(1) 4, 6, 8, 19, 23, 22, 21, 12 and 26—point upward and are favourable for painting, silver work, building of houses, palaces and cities.

(2) 17, 18, 5, 13, 1, 14, 15, 27 and 7—point side ways, favourable for machinery, boat construction, entering new house, seeing first newly purchased Elephant, Horse, Cow, and other domestic animals, riding new carriage.

(3) 9, 3, 2, 10, 11, 20, 24, 25—point downwards, favourable for education, excavation etc.

(4) 12, 21, 26, 4—good for agriculture.

(5) 19, 6, 18, 9—good for demon-worship.

(6) 11, 20, 25, 2, 10—favourable for war.

(7) 13, 1, 5—good for trade, fine art and medicine.

(8) 17, 14, 22, 5—good for friendship, wealth, clothes ornament and singing.

(9) 3, 16—good to construct bridge and buy animals.

(10) 22, 23, 24, 7, 15—good for garden.

Duration of disease and its relation to Stars.

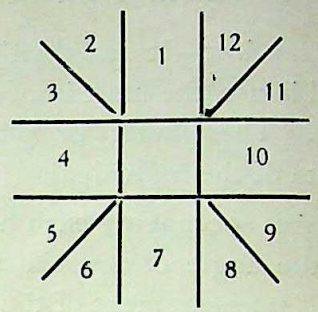
If begins in	No. 1	—one day
,,	Nos. 2, 6, 19, 25	—death
,,	No. 3	—9 days
,,	No. 4	—3 days
,,	No. 5	—5 days
,,	No. 7, 8	—7 days
,,	No. 9	—9 days
,,	No. 10	—1 month
,,	Nos. 11, 15, 22	—2 months
,,	Nos. 12, 14	—15 days
,,	No. 13	—7 days
,,	Nos. 16, 21, 27	—20 days
,,	Nos. 17, 24	—10 days
,,	Nos. 18, 23	—15 days
,,	Nos. 20, 26	—one fortnight.

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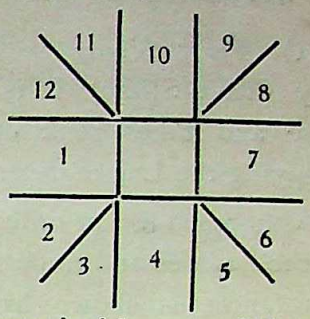
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(iv) The Houses of Heaven.

Hindu

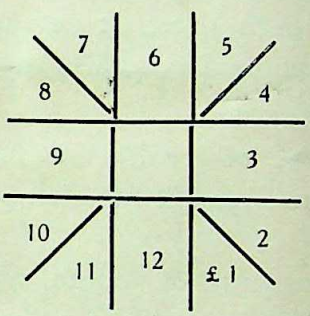


European



The above are two diagrams of astronomical houses of Heavens differently written in different countries. In Bengal only the first sign of the zodiac *aries* is written at the top marked 1 in the left figure. 2 represents Tourus, 3 Gemini and so on in both figures.

But in the Nativity (horoscope) of an individual, the houses are calculated from the "lagna" (ascendant) as follows :



The time of birth of the individual whose horoscope is given is when the Lagna or ascendant is in the "Brischika Rasi" (scorpio) we have stated that the 12 zoadical signs occupy different places at different times of the day and night in different months.

Signs of the zodiac in heavens calculated from Aries at the top.

(1) Aries
(2) Taurus
(3) Gemini
(4) Cancer
(5) Leo
(6) Virgo
(7) Libra
(8) Scorpis
(9) Sagittarius
(10) Capricornus
(11) Aquarius
(12) Pisces

Signs of the zodiac with reference to houses in the horoscope of the individual.

(1) Scorpio
(2) Sagittarius
(3) Capricornus
(4) Aquarius
(5) Pisces
(6) Aries
(7) Taurus
(8) Gemini
(9) Cancer
(10) Leo
(11) Virgo
(12) Libra

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THE RELATION OF THE NUMBER OF HOUSE IN NATIVITY WITH REFERENCE TO VARIOUS FACTORS OF THE INDIVIDUAL.

(1) *First House or Lagna or Ascendant*—It deals with the body (Tanu Sthan). It is the principal house, the most important house and takes rank over the rest. The planet or planets occupying the Lagna determines the fate of the individual.

A horoscope not only gives the planets occupying each house but the degrees and minutes showing the angle of the planet in each house as shown by "danda Pal" (measurement of time in the Hindu Almanac)

The ascendant or Lagna is the house of projects of the beginning of things, specially of journeys. It is the house of life, of movement, of questions and answers (European).

The ascendant or Lagna marks the head of the individual, determines marks or signs on the body, whether he will prosper in his native country or in a foreign place. Whether he will be a fixture in one place or move from place to place. It determines the strength of the body and its complexion, as also wisdom, conduct, habit (Indian).

(2) *The Second House* is the house of wealth. Bisides, it controls servants, age (past youth) and span of life after youth is passed (European).

It is the house of wealth (Dhanasthan), of mouth, speech, Eye, Ear, relations, banking relations, trade relations, possession besides money, metals, precious stones and servants (Indian).

(3) *The third House* is the house of brothers and sisters, of acquaintance, of friends, heirs, changes, continuance of journeys, of quiet, of kindom, of religion and of ministers of religion (European).

It is the house of brother (Bhratristhan) and sister, of power, of servant, of instruction, of father's death, of help, of medicine, of Right arm, Left Ear, voice and throat, of dependents, of army, of short journey (Indian).

(4) *The fourth house* is the house of parents, of heredity of town where the individual is born, of his fate (European).

The fourth house is the house of happiness, of heart, of parents, of friends, of inheriting landed property, house, carriage, tank, burried treasure, jewel field, garden, of shoulder, of happiness (Indian).

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(5) *The fifth* house is the house of children, of eating and drinking, of games, of fighting, of picture, of vessels and money (European).

It is the hose of children, reasoning, parents, religion, precept, education, intelligence, of abdomen, of prophecy, of issue, of conception, of speculation, of memory, of literary composition, of younger brother, of messenger, of disciple, of beloved (Indian).

(6) *The Sixth house* is the house of health and disease, of servants, of domestic animals, of receiving (European).

The sixth house is the house of enemey, of maternal relations, of death, of fear, of boil, of stepmother, of theft, of shoulder, of passion, of disease, of wounds of accidents, of domestic animals and servants (Indian).

(7) *The Seventh house* is the house of woman, of marriage, of strife and contention, of saints and thieves, of middle of life (European).

The seventh house is the house of wife or husband, of opponent, of departure and arrival, of third brother, of trade and business, of thief, of war, of law-suit, of partner, of distant travel, of amour, of pelvis, of expense, of personal safety of urinary complaints. (Indian)

(8) *The Eightth house* is the house of fear, of wealth, of last years of life (European).

The eightth house is the house of sex organs and anus, of death, of expense of law-suit, of imprisonment, of fortress, of destruction of things, of inheritance, of battle field, of unfortunate events, of loss or gain in partnership, of debt, of disease of lower regions (Indian).

(9) *The Ninth house* is the house of pilgrimage of journey, of faith, of wisdom, philosophy, of books, of humours, of sleep (European).

The ninth house is the house of fortune, of pilgrimage, of religion and religious doings, of 4th brother, of wife's brother and sister, of building temple, of mental attitude, of voyage, of abode of morality, of maternal relations.

(To be continued)

SPEECH RESTORED AFTER DUMBNESS FOR 30 YEARS.

Mrs. Mary Towner, of Hassocks, Sussex, who has been dumb for 30 years, has recovered her speech following a shock.

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Health and Hygiene

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SHOULD TWINS BE SEPARATED IN CHILDHOOD?

By Mrs. Sam Sloan.

In these days we are all familiar with that sonorous, long-drawnout "Hullo, Twins," with which an "Uncle" of the wireless greets the the birthday of two children who came into the world together.

The subject of the "why and wherefore" of twins is one which has occupied the time and thought of many eminent scientists.

Without going too deeply into the medical side of the question it has been possible to pick out a number of interesting little facts about twins which have come to light through these investigations.

For instance, twins fall naturally into two categories. Those who are almost complete replicas of one another, both physically and mentally, and those pairs who are more dissimiliar than two different aged members of the same family.

When both are of same sex, and those pairs are more frequent, they are more often alike, but this strong resemblance is rarely found between boy and girl twins.

Point of Interest

Twins of the same sex are also generally stronger than a mixed pair, and statistics show that though twins are frequently puny at birth, at the age of six they show no difference in growth from that of the single child.

Heredity does seem to play its part, and twins may be said to "run in a family," especially through the mother's side.

The intonation of the speaking voice is commonly the same in twins, but it is an established fact that they quite often sing in different keys.

There is one particularly interesting point which has emerged from the study of twins and their characteristic, and this is, that however alike they may be in every other way it is extremely rare to find their hand-writing the same.

This is all the more curious when one remembers how often a strong family resemblance runs through the penmanship of different branches of the same stock.

In twins sometimes their writing is the one and only difference observable.

It is usually supposed that there are no two sets of finger-prints the same, but with twins they are more nearly indentical than in any other cases.

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The possession of the same birthmarks is also not uncommon among those pairs which are alike physically.

Similar Thought.

There are many instances on record of twins being attacked by the same illnesses at the same time, though miles apart.

Some have the same tooth in each mouth ache at the same time, and such a similarity of thought that one twin may begin a sentence and the other one end it.

This affinity is by no means a *sine qua non* of all twins born. Many pairs show very markedly independent characteristics, as though striving to free themselves from Nature's attemp to turn them out in one mould.

As illustrating, twins possessing similarity of thought there is an authentic instance of a man in England buying a set of wine glasses for his twin brother in Scotland, while on the same day, across the border, an *identical set* was purchased by the brother to send to the twin in England.

Twin children often develop and get on better with their lessons if sent to different schools.

This is explained by the fact that there is usually one twin who dominates the other, and it is rare to find both brains work at the same speed. By separating them each has a better chance of expressing his individuality.

Perhaps this is partly due to the popular belief that "twins" and "replicas" are almost synonymous and so unconsciously they are treated more or less as one instead of separate identities.

A curious fact is that twins quite frequently interchange certain characteristics as they grow up, and the one who was timid and diffident as a child will suddenly show marked enterprise and initiative.

The other twin who ruled and led in the early years is content just to slip along with the stream and keep in the background of life.

Whether or no this is because the mental development is slower to mature in the one instance is difficult to say.

I have found that the twin who as a child was always just a little behind his fellow in development is the one who, on reaching maturity, seems to have assumed the other's prerogative of leadership.

Power of Nature.

This shows that the theory that twin characters are complements of each other would seem to have some foundation.

All investigations point to one salient fact, that Nature is more powerful than Nurture. That no matter how identical may be the environment

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and upbringing of twins of the "unlike" group, their natural tendencies will, and do, assert themselves, in spite of everything, which leaves us with food for thought on the much-discussed subjects of heredity and environment.

Teaching which conforms to the *natural aptitude* of the child, however, leaves an enduring mark upon his character.

VIRILITY AND ITS IMPORTANCE

Virility is that quality of human nature which makes man a man not only in name but *de facto*. It connotes all the qualities—physical, mental and moral, present in a complete man, a real man. In short, it is the quintessence of manhood. It will thus be seen that the subject of virility is inseparably embedded in that of sex and sexuality. The subject has, therefore, to be approached from a pure, healthy and unbiassed view point. The impure, biassed and narrow-minded attitude of a great many people towards sexual problems has underminded the importance, gravity and sacredness of the subject and has thereby led to the committal of sexual excesses and abuses, public and secret, resulting in untold human sufferings and tragedies. There is nothing unclean in sex *per se*. Sexuality is bestowed upon mankind by the Almighty God for the sacred purpose of perpetuating, which mankind has to hold as sacred and precious even as life itself ; it is the function of reproduction. The sex instinct is the function of all that is sweet, beautiful and ennobling, the love of man and woman. It is the divine force which brings them together and unites them for life with the tie of sweet and sacred affection. There is, therefore, nothing inherently evil or impure in sex as some people think, but there is admittedly much loathe in the abuse of it. Sexuality when abused degenerates into sensuality which then, becomes disgusting and hateful The impurity or obscenity that one sees in sex is subjective and not objective ; it lies in the contemplating mind and not in sex. It is sacrilegious to conceive any idea of impurity in sex. Briefly stated, the sacredness of the subject apart from its material importance to be considered in the following lines demands that it should be approached with a pure mind from a matter of fact points of view.

The sexual glands are important in two respects. Firstly they are a prime factor contributing to the all-round strength of body and mind built up from the 'Internal Secretions' supplied by them and assimilated into the system. Like the thyroid gland, the sexual glands in both sexes are vitally related to the growth and strength of body as a whole. Sexual strength or virility means an almost perfect and symmetrical development

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of body as well as mind, and not the possession of mere localised strength in the reproductive system.

The importance of these glands and the meaning of virility in relation to the strength of body and mind are best illustrated in the condition of those deprived of these glands in childhood or of those who have lost manhood by falling a prey to sexual excesses and abuses or for other reasons. The eunuch—a person emasculated by castration—is totally despoiled of all manly qualities—physical, mental and moral. The characteristic features of his being—his childish voice, undeveloded body, physical weakness, lack of vital resistance, lack of density and firmness in muscles and weak nerves are a proof positive of the importance of the glands removed. Apart from his being handicapped physically as stated above, the eunuch has more to lose on the mental side by this unsexing operation. He is never better than a child mentally. He lacks in courage, self-confidence, ambition and mental concentration that characterise men of great virility. The point to be borne in mind is the loss of the internal secretion that was being supplied by these glands and assimilated into the system for the building up of physical and mental vigour and strength. In short, loss of virility means loss of all that is highest, best and noblest in his nature, in his entire being.

What castratton does suddienly, sexual excesses and abuses accomplish the same thing gradually but surely, if steps are not taken for the rebuilding of the lost virility well in time. It is, therefore, incumbent on every one to live a clean and uormal life in order to maintain the health of the sexual glands and the superb mental and physical qualities associated with them. One cannot violate the laws of a natural life and escape the punishment. It is necessary for every one to reach maturity with the sexual powers unimpaired and thereafter to continue to abstain from excesses and abuses in order to attain and retain the mental alertness and energy, the courage, the ambition, the self-confidence and lastly the physical stamina that characterize true manhood.

To conclude, a strong and vigorous manhood is a physical and mental asset which is inestimable in value. It is in fact the acme of success in a masculine carier. It may be acquired by inheritance, or if one is not fortunate enough to be so gifted with it, he may cultivate and develop it himself by following in right earnest some recognised virility building programme. In the light of the foregoing facts the importance of virility and of the knowledge associated with the development and maintenance of virile manhood cannot be too strongly emphasised. It is therefore necesaary for every man to know the rules of health which favour the building of a high degree of virility and to know as well the laws to be observed in order to retain his manhood.

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ARTIFICIAL SUNLIGHT—ULTRA-VIOLET RAYS

BY DR. P. POPE.

The influence of light upon any living organism is necessary for the growth and vitality of the same. A deficiency of light therefore causes organisms to be deficient in growth or healthy condition—to decay and set up various conditions known as definite diseases. Obviously dwellers in large towns, indoor workers, pit hands, etc., are most liable to suffer from want of 'Sunlight' and to these sunlight can be supplied by artificial, means and in an intensified form. Ultra-violet rays (so called artificial sunlight) have now passed the age of infancy and have reached a healthy adolescence, though much has yet to be learnt of their properties.

In the following article I will try not to be scientific, but of interest to the members of the general public. Nor shall I discuss the technique, or the different kinds of lamps used to produce these rays.

VISIBLE AND INVISIBLE RAYS.

By means of a simple instrument called a spectroscope, a ray of sunlight is divisible into different colours, as seen by the eyes of an ordinary person not colour blind, and always constant. These different colours are—from left to right—red, orange, yelloy, green, blue (indigo) and violet.

These are the visible rays, and produce heat and light. Beyond the visible red rays, on the left are invisible infra-red and beyond the visible violet rays, on the right are the invisible ultra-violet rays, which possess life-giving and curative powers in various diseases.

Now although these particular rays of light have been found to have wonderful curative effects in certain diseases and abnormal conditions of the body, they also possess, most detrimental and dangerous effects if applied wrongly and without the utmost care and observance even on the part of a qualified expert.

Although in certain diseases and conditions the effects are wonderfully beneficial, in others the effects are positively harmful, and disease itself can be caused by improper and uncalled for use of the rays.

HOW THE RAYS ACT.

Several of the waves of light that are generated by the sun never reach the earth. Some are absorbed by the sun's photosphere. Others that would reach the earth, were the air as clear as in some of the high mountains, are absorbed by the murky atmosphere of a large city. Ordinary glass is also impervious to the rays. The artificial violet rays are for the purpose of replacing those rays which are the chief sources of vitality. Without using scientific terms, it will be enough to say that

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a certain percentage of these rays pass through the skin and provoke both chemical and electrical effects.

The former are of an extremely complex nature; but it will suffice to state here that one action is to break up complex chemical substances into simpler ones—one result being to increase the molecules of oxygen.

Thes changes take plaee in the blood as well as in the tissues, in the immediate and direct range of the ultra-violet rays, and by means of the circulation the whole of the body is affected. Thus for general improvement of the whole body it is sufficient to apply the rays to a convenient part only.

The Ultra-violet rays, however, are not by any means life-giving to every sort or kind of micro-organism; on the contary there is no doubt that on some of them—to those prevalent in causing disease—the rays have a germicidal effect.

When Do The "Rays" Help?

It must not be imagined that ultra-violet rays are health giving in every disease that flesh is heir to; let us rather ask what diseases are they particularly beneficial for? First of all we would name rickets, a disease very prevalent amongst badly-fed, badly-clothed and badly-housed infants of the slums. Consumption in its early stages, various lung diseases, rheumatism, gout, toxaemic condition, neuritis, certain skin diseases, carbucles and chilblains, loss of hair, tuberculous diseases, anaemia, insomnia, neurasthenia and many nervous diseases may be successfully combated by artificial sunlight.

Speaking generally, we may here say that medical treatment as a whole is rapidly becoming preventive rather than curative, thus there will be less occasion for curing children of rickets by means of artificial sunlight when they are kept healthy by an improvement in their environment.

The action of ultra-violet rays on animals living in captivity in the country, whose natural home is sub-tropical, has been wonderful. The experiments at the Zoo upon monkeys bear this out. It follows that ultra-violet rays should be available for all especially for those living in cities or those who spend much time in factories, mines, stoke holds, etc.

So far as mines and factories go, the employers would very soon get back any outlay of money in increased output and contentment, if they went to the expense of installing a clinic under qualified supervision while for the slum area and over-populated town there is here a real opportunity for the true philanthropist.

(*Health and Efficiency.*)

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News & Notes

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LONGEVITY.

We welcome our new contemporary "Longevity" in our midst. The aims and objects of this new-comer in the field of journalism is to spread the knowledge of true and scientific medicine as also to promote the longevity and happiness of the human race and to destroy the scourge of disease and pangs of death under a strongly constituted editorial board with Dr. G. R. A. Acharya, M. C. P. & S., L. S. M. F. etc. as the managing Editor.

The journal, no doubt, supplies a long-felt want and is really useful and instructive. The modern struggle for existence is sure to compel people to neglet their health and the publication of such a journal is quite opportune. The efforts of the journal to improve the public health and alleviate the sickness and suffering of the humanity are laudable and we wish its wide circulation and long life.

The journal is published from 60, Sundaramurthi Vinayagar Koil Street, Triplicane, Madras and is priced at Rs. 3-4-0 annually.

INDIAN MEDICAL ASSOCIATION.

FROM

Dr. K. S. Ray, M.A B.SC., M.B. CH. B. (Edin.),
Joint Hon. Secretary,
Indian Medical Association,
6A, Corporation Street, Calcutta,

To

The Secretary,
Drugs Enquiry Committee,
1 Council House Street, Calcutta.

Calcutta, 3rd January 1931.

Sir,

In pursuance of your request, I now offer the following comments in elaboration of my remarks on the Quinine Policy of the Government of India :—

In the first place, I would emphasise the terrible incidence of malaria in India. The ravage caused by this disease is enormous. The number of malaria cases treated at the hospitals and dispensaries in British Provinces during the year 1926-27 (Vide Annual Report of the Public Health Commissioner with Government of India, 1927)

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is 8,398,775 and the incidence in the defferent provinces will be seen from the following table.

Provinces.	Year.	State-Public Local Fund & Private aided Dispensaries.		State-Special & Railway Dispensaries.		Private non-aided Dispensaries	Total.
		Indoor	Outdoor.	Indoor	Outdoor		
Dehli.	1926	2,478	192,331	234	3,364	nil	198,407
	1927	2,061	95,081	306	2,573	nil	100,021
Bengal Pres.	1926	6,315	1615,259	8350	151,121	384,512	2165.657
	1927	6,673	1576,110	7744	126,710	395.955	2113,095
Punjab.	1926	6,663	1239,666	3825	251,693	15,114	1518,961
	1927	7,796	1088,053	2902	227,938	13,065	1339,754
Madras Pres.	1626	59,304	636,815	840	33,404	29.382	759,745
	1927	38,578	747.111	1024	25,134	23 236	835,784
Assam.	1926	2,190	226,297	1931	20,082	7,534	258,034
	1927	2.310	232.882	1664	22,839	8,224	267,919
Bihar & Orissa.	1926	3,060	725,696	1860	75.973	91,489	905,078
	1927	2,934	667,539	1774	66,348	96,351	835,046
Central Prov.	1926	2,513	215,122	931	39.231	32,407	290,204
	1927	2,664	213.814	846	36,890	33,352	287,566
United Prov.	1926	5,513	752,503	5797	103,017	100,690	967,520
	1927	4,959	719,594	5243	98,381	100 220	947,358
Bombay Pres.	1926	8 307	577,786	3581	92,282	112,944	794.900
	1927	8,319	609.972	4187	77,583	119,714	819,875
North W-st. Frontier Prov.	1926	1,800	213,863	4659	43,731	12,249	267,302
	1927	1,671	195,873	3668	31,897	14,172	247,286
Burma.	1926	13,904	219,055	4794	26,178	nil	263,967
	1927	15,776	246,348	4375	25.741	nil	292,247
Total	1926	114,083	6614,393	36902	840,076	793.321	8398,775
	1927	93.642	6392,682	33836	742,041	805,080	8085,951*

The actual number of cases however is much greater than indicated in the table if we take the figures of Native States and the cases treated outside the hospitals by private practitioners.

The high mortality from malaria (Bengal alone being responsible for 8 lacs a year) together with the temporary and permanent incapacity will show that the consequent economic loss must be stupendous.

The Royal Agricultural Commission was of opinion that both for the prevention and for the treatment of malaria a much wider distribution of Quinine is necessary (para 411) and the above figures show what an enormous quantity of quinine is needed for the treatment of malaria in India.

At present, the high price of quinine militates against this. Dr. Charles Bentley, the present Director of Public Health, Bengal, has declared that "Among the poorer classes very large numbers would welcome the remedy at a reasonable price. I have been repeatedly assured by such people, that they would be too glad to use them, provided the cost be not beyond their means (vide Bentley's "Quinine Policy"—Public Health Department Publication, 1928, page 5). That

*Including 18,961 cases treated at subsidised dispensaries in United Provinces.

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quinine is not consumed to such extent as would be helpful from the standpoint of helping the eradication of the disease is however not due to the apathy on the part of the people but their inability to buy—a fact which has been pointed out again and again by various Government agencies.

It would be interesting to compare the quinine consumed per head in the different countries. Whereas Italy consumes 16 grains of quinine per head and Greece 24 grains per head, in India the per capita consumption is only 3½ grains. In Bengal, division by division, Burdwan consumes 1.07 grain per capita, Presidency Division 1.31 grain, Rajshahi 1.07 grain, Dacca 1.50 grain and Chittangong Division 2.62 grains per head of population. These statistics compared with the previous figures of malaria incidence, again, show how inadequate is the present distribution of quinine.

The members of Quinine Conference held at the Secretariat at Delhi on 3rd of December 1925 under the presidency of Mr. R. B. E. Ewbank, Deputy Secretary to the Government of India, Department of Education, Health and Land, unanimously recorded a resolution declaring that "The demand for quinine in this country is almost unlimited provided that it is available at a price within the means of local Governments and consumers.

India consumes 160,000 lbs. of quinine per annum whereas according to Dr. Charles Bentley, if 100,000 lbs. of quinine is not consumed in Bengal alone no appreciable general effect is likely to be visible from its use."

Here I would remark that simply prevention of adulteration without at the same time reducing the cost in the price of quinine will not enable the masses of India, owing to their extreme poverty, to derive much benefit out of it. It is therefore essential to check profiteering as far as possible, and I shall now touch briefly on some of the main reasons which operate against the reduction in price of quinine.

Taking the average of five years, in the Government Cinchona Plantations, Bengal, the growing of cinchona gives the cost of quinine sulphate in the bark before extraction as being Rs. 5-3-0 per lb. For the same five years the cost of extracting quinine sulphate from the bark varied from Rs. 2/- to Rs. 3-6-0 per lb. Therefore, the total cost of manufacture of quinine sulphate for the period of five years has been Rs. 9/- (vide Malaria Curse, Cause and Cure, by Elizabeth, Duchess of Carnarvon p. 20). Yet in January 1926, the price of quinine sulphate was Rs. 26/- per lb. and in 1930 it is Rs. 18/- per lb.

It is nothing short of tragic that this sheer profiteering should prevail in a commodity which is essential for world's health and happiness, in the interests of the Quinine Ring which controls and determines the

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world prices. As the result of the Quinine Convention of 1913, the world prices of quinine are determined by the Amsterdam Bureau and the majority of sales are made according to prices fixed up by this bureau. Small quantities of South American bark are, however, sold independently (Vide Malaria Curse, Cause and Cure p. 22). It would seem the Indian Government has agreed to abide by this price arrangement principally to help the interests of Anglo-Dutch Plantation Co. which works in complete harmony with the Dutch Combine, the Kina Bureau. The Government can, if it wills, manufacture the entire amount of its quinine requirements. There are two Government-owned factories in India, one at Mungpoo in the Darjeeling district, Bengal, and the other at Nedu Vattam, near Ootacamund, in the Nilgiris. The Government agencies manufacture on the average 45000 lbs. of quinine, of which 17000 lbs. are manufactured at Mungpoo. The Mungpoo farm alone has at present a capacity of manufacturing 50000 lbs. of quinine per annum and in order to produce this amount about 1,000,000 lbs. of locally grown bark would be required. India exports in the average 6000000 lbs. of bark annually. Shipments are made from Southern India (vide Handbook of Commercial Information for India, compiled by C. W. E Cotton I. C. S. for Government of India, p. 316). India can grow more, much more cinchona. The Director of the Botanic Survey of India in his report of 1928-29 emphaticaliy declares that the difficulties of production of quinine in this country are soluble. Yet India imports annually some 60,000 lbs. of manufactured foreign quinine.

We find that the Government not only fixes its price almost at the level determined by the Amsterdam Bureau (thereby forcing the poorer classes to go without the only medicine that counts in malaria) but also does nothing to replace the foreign importation of quinine by indigenous quinine. The excuse put forward by the Government is that, if the price is not fixed at a level approximating to the ring price quinine would be exported out of India. This lame and halting excuse will not bear scrutiny. The Government can, if it so chooses, impose a heavy export duty and thus prevent quinine going out of India. Moreover, if prevention of export is the only object in view, why does not Government spend the whole or part of the profit derived from sale of quinine upon antimalarial and other health activities.

The recent Government report of the cinchona plantations and factory in Bengal for the year 1929-30 shows that there has been a further increase in surplus stocks. The profit on the year's working amounted to Rs. 4,53,972. It would be of interest in this connection to refer briefly to the discussion which took place over the Government stock of surplus quinine at a meeting of the Public Accounts Committee dated

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the 4th July 1930 when Mr. B. Das and Mr. Abdul Matin Chowdhury, now a member of the Drugs Enquiry Committee, asked a number of questions with a view to emphasising the necessity of reducing existing stocks. As a result of discussion it was shown that the Government finds itselfs unable to dispose of these stocks to the Provincial Governments free of cost, owing to the stringency of Devolution Rules while on their part the Provincial Governments find they cannot purchase quinine from the Central Government owing to lack of funds. Thus between the Central and Provincial Governments stocks go for waste and suffering humanity receives little or no alleviation.

Mr. Bajpai, however, gave out the pious intention of the Govornment to convene a conference of representatives of the local Governmets as soon as the position of Government of India vis a vis the local governments are decided under the new constitution after the Round Table Conference. No worse case of procrastination would be cited, but in regard to the proposed quinine conference the statement made by Sir George Schuster is far from re-assuring. "It might be that the aftermath of the Round Table Conference is much more likely to bury this subject. Personally I am disappointed at this result and at the attitude of the provinces."

In conclusion, I would re-iterate the terrible incidence of Malaria in this country, the inadequacy of the present supply of quinine, the high cost of quinine which prevents its greater use, and the urgent need for an entire change of the Government's quinine policy directed at once to lowering materially the cost of quinine, encouraging the use of the indigenous supplies and taking steps against adulteration. As a matter of fact, the tendency towards adulteration would be retarded by reduction in price.

SPECIAL NEW YEAR NUMBER OF HEALTH, JANUARY 1930

The Special New Number of HEALTH for January 1931, edited by Dr. U. Rama Rau and Dr. U. Krishna Rau, M.B.B.S, marks the commencement of its 9th year and contains many interesting and instructive contributions from eminent health authorities in India and extracts from health publications in all parts of the world.

The frontispiece exhibits one of the famous hill-temples of Southern India, *viz.*, Tirukalukundram Hill about 42 miles to the south of Madras which is largely availed of as a health resort by the citizens of Madras and the people of Chingleput and adjoining districts.

The Editorial describes the advantages of Hill Climbing from the health point of view and invokes the aid of the famous Hill Gods

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of Southern India for the prosperity of 'Health' and to maintain, unimpaired, the health of its votaries. Mountain climbing for health appearing on page 19 in this number scientifically confirms our ancient Hindu ideal of hill climbing as a health promoting exercise and may profitably be read along with it.

The first place is assigned, and that rightly, to an article on Mental Health by Dr. Frank Noronha, M.B.C.M., D.P.M., Superintendent, Mental Hospital, Bangalore, and it illustrates the truth of the sayings "A healthy body and a healthy mind both go together" and "Mind is its own place and can make a hell of heaven and a heaven of hell."

Next in importance comes the food problem. Meat eating *versus* Vegetarianism by Dr. G. L. Saxona and Vegetarianism-*Versus*-Fruitarianism published on page 25 may help the readers of Health to arrive at definite conclusions with regard to that vexed question of food reform.

That the preservation of teeth and eyes from infancy to dotage is conducive to health and longevity, none can deny. The two articles on TEETH and FYE-SIGHT by Dr. H. Venkata Rau, and Dr. Raghubir Saran Agarwal, experts in their respective lines will amply repay perusal.

"The significance of health" by Dr. J. L. Das, Asst. Director of Public Health, Cuttack, is a fine article that emphasises the need for health education and health propaganda and places preventive medicine in the forefront of medical science.

"Health News and Notes" deals with varied topics of interest on health. A New Year gift to the New Health Minister for Madras is offered in the shape of an extract from the speech of the Health Minister of Great Britain, promising effective measures for the prevention of Maternal Mortality in England. The vigorous condemnation, by the 'American Medicine' of the social problems of America is another interesting note and a fitting answer to Miss Mayo by her own kinsman and must not escape the attention of the readers of 'Health.'

The journal is profusely illustrated and though enlarged by the addition of 12 more pages, is priced the same amount viz., as. 2/- per copy. It deserves to be in the hands of every one who cares to preserve his or her health. Publication Office, 323, Thambu Chetty Street, G. T., Madras.

SHOULD THE DOCTOR TELL ?

Controversy has again been aroused upon the oft-debated question : "Should a doctor tell ?" by an incident in court when the Judge very plainly told a medical witness that he was bound to divulge the truth about his patient.

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It is, of course, perfectly natural and desirable that a doctor should normally regard any disclosure made to him by a patient or any discovery he makes himself as strictly confidential.

When, however, the concealment of knowledge will hinder the course of justice or permit of the perpetration of a crime, the matter must be viewed in a different light.

If a doctor discovered in his professional capacity that a patient showed a tendency to homicidal mania, it is unthinkable that he would allow any of his relatives or friends to risk their lives by coming into contact with the suspect. It is obvlously his duty to afford the same protection for the public at large.

The Cofessional is proverbially sacred. But surely a priest who allows a confessed murderer to remain at liberty is not living up to the highest traditions of his cloth. Newspapers daily suppress news which might cause pain and embarrassment or hinder police activities, but do not hesitate to lay all their information before the authorities if it will assist in the capture of a wanted criminal.

In these matters a nice amount of discretion is observed. The members of the noble profession of medicine are as capable of discretion as anyone else. The strict rule, not to tell anything, obviously must go by the board in cases where it will help a criminal and endanger the public.

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(Not to be published before October 12th 1930.)

MANIFESTO AGAINST CONSCRIPTION AND MILITARY TRAINING OF YOUTH.

The Goverments of the world now officially acknowledge the supreme claims of Peace. In the Paris Pact they have repudiated war as an instrument of national policy. Nevertheless preparation for war continues. Especially pronounced is the contrast between the Peace declarations of Governments and the maintenance and extension of military training.

Military training takes two forms. In many countries it is imposed by law. In other countries, whilst nominally voluntary, it is imposed on a wide scale by moral or economic pressure. Further more, all Governments claim the ultimate right to demand war service from their citizens, men and women.

We urge that the time has come when every sincere lover of peace shold demand the abolition of military training of youth and should deny the right of Governments to impose conscription. Conscription subjects the individual entirely to the military powers. It is a form of servitude, the habitual acceptance of which only illustrates its deadening effect.

Military training is training of mind and body in the technique of killing. It is education for war. It is the perpetuation of the war mentality. It prevents the development of the will to Peace. The older generation commits a grave crime against the younger generation when in schools, universities, official and private organisations, it educates youth, often under the pretext of physical training, in the science of war.

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The Peace Treaties imposed on the defeated coutries the suppression of conscription and the military training of youth. It is time for the peoples of the world to take the initiative in freeing themselves from both.

If Governments fail to recognise the strength of the revolt againsr war, they must expect the resistance of those for whom loyalty to mankind and conscience is supreme.

Let the peoples of all countries demand :

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The Secretary of the Joint Peace Council, Vienna. VII. Doblergasse 2/26, Austria, will be glad to receive further signatures.

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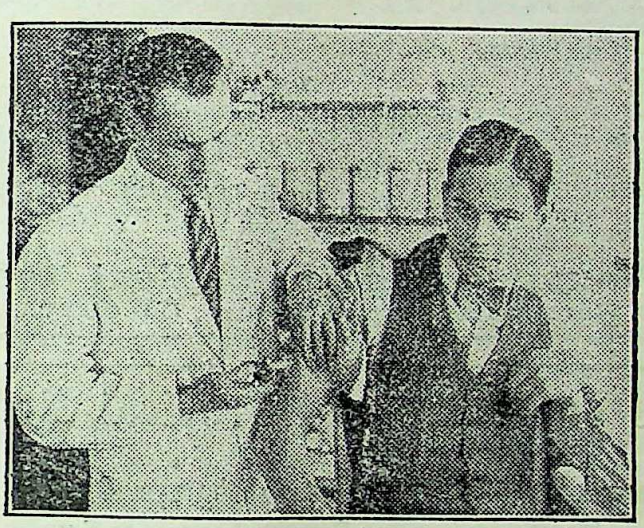
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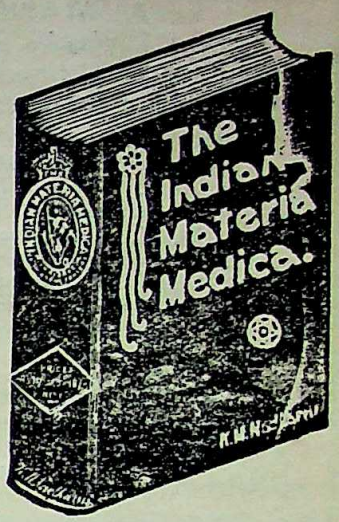
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The Journal of Ayurveda

or the Hindu System of Medicine.

Vol. VII.] March, 1931. [No. 9.

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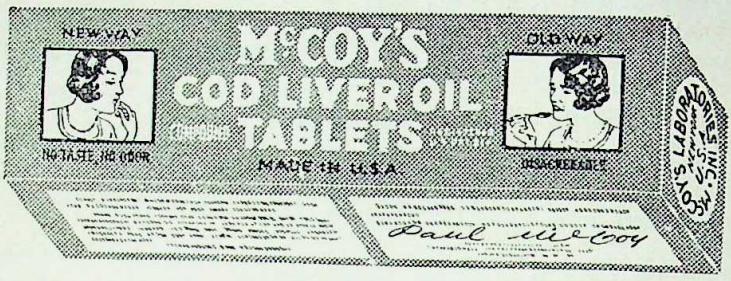
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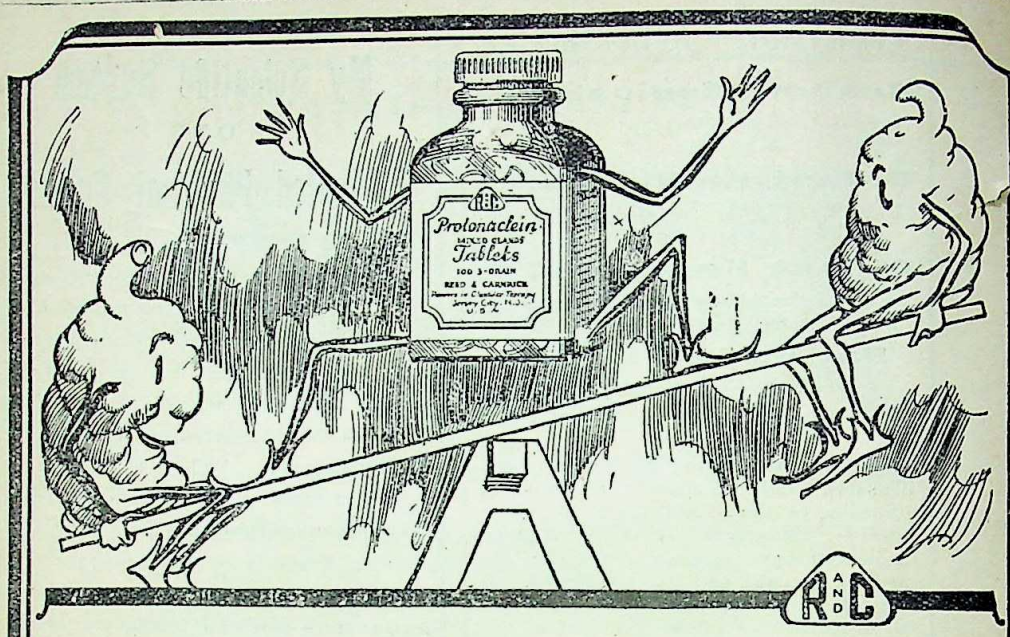
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THE JOURNAL OF AYURVEDA

Vol. VII.] March, 1931. [No. 9.

Necessity of Roughage in our Food

Roughage in our foods is large cellulose, but it also contains mineral salts, vitamins and buffers. According to discoveries of the past several years the leaves and roots of plants possess these substances to a high degree.

Cato spoke in high praise of garden cabbages as food ; Linnaeus, the celebrated Swedish botanist and physician, as well as Darwin believed that the teeth and digestive organ of man were not intended to digest animal food, and Cuvier, the great French naturalist, said that the best diet for man is the same as that of higher apes—fruits, grains, nuts, shoots and roots. None of these men, however, thought in terms of our knowledge of these foods to-day.

The human being can thrive fairly well on all kinds of diets, but this is no reason why he should not take advantage of a hygienic dietary laden with benefits. It is not what we eat but what we assimilate that nourishes our bodies and there is abundant evidence to prove that many of our diseases are due to wrong food habits.

The most frequent corrective of many wrong food habits is a greater use of fruits and vegetables. People do not realize how taste has been vitiated by eating concentrated foods and condiments, whereas the simpler foods increase the faculty of taste. Cellulose, or vegetable fibre, the structural basis of plants, is indigestible but facilitates intestinal elimination. Food is never wholly digested, and at each meal some fresh uncooked food should be eaten, for the colon requires a certain amount

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of indigestible material to stimulate the peristaltic motion. If roughage is omitted from a single meal, food residues will form an obstructing mass, which may interrupt the intestinal rhythm, Vegetables and fruits contain the indigestible material needed and so are the best laxative foods.

Among foods high in cellulose are bran, whole wheat, oatmeal, lentils, beans, green peas, string beans, cabbage, brussels sprouts, cauliflower, kohlrabi, celery, beets, asparagus, carrots, spinach, tomatoes, lettuce, onions, and some fruits.

Vegetables and fruits contain the mineral matter that enters into the composition of all the tissues of the body. Minerals form the ash content of plants and 6 per cent. of the body weight of human beings, and they are necessary to build up bones, teeth,blood and tissues and to insure a sound nutrition.

The most important of the minerals necessary to life are calcium, sodium, potassium, magnesium, iron, phosphorus, sulphur, silicon, chlorine and iodine. These minerals are best taken as organic salts rather than as drugs, and this is the form in which plants furnish them. A diet poor in minerals causes a craving for sodium chloride, or common table salt, which when taken is excess is detrimental to health. Salt is an excellent preservative, and food too well preserved with salts retards the action of the digestive juices.

Calcium forms about 50 per cent of the mineral matter of the body, it being the principal constituent of the bones and teeth. It vies for honours with vitamin D in preventing rickets. Cabbage, lettuce, water cress, onions, brussels sprouts and beet tops are rich in calcium.

Sodium is important in keeping the blood alkaline and in eliminating carbon dioxide from the lungs. It is abundant in spinach, apples, lentils and unpolished rice.

Potassium is closely related to the vital functions of the cells of the body and is predominant in muscle tissue.

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Baked potatoes, grapes and some nuts are rich in potassium.

Magnesium gives flexibility to bones and elasticity to muscles. Barley, spinach and walnuts contain magnesium.

Iron is essential for the process of combustion. It is found in the hæmoglobin of the red blood corpuscles and uniting with the oxygen of the lungs it is carried to all parts of the body. Spinach, lettuce, strawberries and gooseberries are rich in iron.

Phosphorus is most important for brain workers. It is found in whole wheat, unpolished rice, onions and almonds.

Sulphur furnishes the blood-purifying element, and is said to control the action of the phosphatic nerve substance. Cabbage, carrots and cauliflower are rich in sulphur and are refreshing foods for those subject to nervousness.

Silicon is believed by some to have a powerful antiseptic action, protecting the body from infection. Whole wheat, unpolished rice and the outer layer of plants are sources of silicon.

Chlorine is present in celery, cabbage and fresh cocoanut. Minute quantities of iodine, fluorine, manganese, copper, and zinc are also found in the human ash.

Agriculturists know that fertility of the soil depends on an adequate supply of minerals and that when plants are undernourished they are liable to all sorts of diseases. Those who have made a study of nutrition know that an adequate supply of minerals are obtained when the diet includes enough vegetables and fruits.

In addition to their store of minerals in a form best suited for utilization by the body, vegetables and fruits have been found to be a source of vitamins or accessory food substances which are of utmost importance for growth and health. Vitamins are substances of unknown composition normally present in certain foodstuffs in

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minute quantity ; their absence from the diet leads to definite disease conditions Animal foods that contain vitamins are fats, eggs and milk ; these should be present in the diet in adequate amount to insure normal growth and health.

Buffers are concerned in the reaction of the blood and lymph.

Normally the reaction of blood is slightly alkaline and the reaction is maintained practically constant in health by acid and alkaline foods. When under normal conditions excess of acids is poured into the bloodstream, substances called buffers resist these acids by absorbing them. The supply of these buffer substances so necessary to health is maintained by alkaline foods such as fruits and vegetables. Among the best alkaline foods are beets, carrots, cucumbers, cabbage, spinach, tomatoes, cauliflower, ripe olives, parsnips, celery, figs, lemons and oranges.

Pavlov, the great Russian Physiologist, is quoted as having said that "appetite juice," which is produced by stimulation of the nerves of taste by palatable food, is the most important factor in digestion. A gradual increase in the daily menu of health-giving foods will lead to new tastes and appetites. Before long it will be easy to agree with Heine, who said, "Our first duty is to become healthy."

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AYURVEDIC THERAPEUTICS

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(Continued from our last issue).

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The description of ghee in the text is given as follows :—

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बालवृद्धप्रजाकांतिसौकुमार्यस्वरार्थिनाम् ॥
क्षतक्षीणपरीसर्पशस्त्राग्निदलितात्मनाम् ।
वातपित्तविषोन्मादशोषालक्ष्मीज्वरापहम् ॥
स्नेहानामुत्तमं शीतं वयसः स्थापनं परम् ।
सहस्रवीर्यं विधिभिर्हुतं कर्मसहस्रकृत् ॥ (अ. हृ. सू. अ. ६)

(i. e. Ghee increases talent, is wholesome for (those who wish to get) memory, grasping power, life, semen, sight ; wholesome for children and aged ; so also it is wholesome for those who wish to get vitality, tenderness and sweet sound ; it is useful in cases of bronchiectasis, debility, erythema, wounds, burns ; and it diminishes Vata, Pitta, poison, mania, wastage of the bodily Dhatus, paleness and fever ; it is best amongst all greesy substances, is cold by Veerya, preservative of life, and it works in thousands of different cases by various applications over it.)

These propertise of ghee have been stated in general in accordance with what the most greesy and cool substance would generally have and though important or general, its effects or

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marks that are seen have been inserted herein. The effect of greesy substances on the body is more possible upon greesy ingredients. Under this rule, alleviation of Vata and Pitta by the greesy and cold qualities is a whole-bodily action. But ghee has similarity in greesiness with the greesy ingredients such as fat, marrow, marrow of flesh वसा and semen, and so is more effective upon them. It is, therefore, protective to the old, rears up children and increases greesy ingredients in the bodies of the weak. On account of the growth of greesy ingredients, the body looks greesy and its splendour naturally increases. It does not also act upon Bronchitis as a speciality. This disease is caused from want of greesiness, and the dryness or dreariness produced from the original cause—excess of exercise, etc. is removed by ghee. In this way, there is no special power of action or Prabhava in ghee effective on a particular part of the body.

The Rasa of ghee is sweet, its Vipaka accordingly is also sweet and Veerya in conformity with Vipaka is greesy and cold, and the same Veerya is effective on the whole body. But there is one peculiarity. Milk has also got greesy and cold qualities, but it is not as much full of greese as ghee. Therefore milk is not so much directly effective upon greesy ingredients as ghee and in this sense this should be taken as the Prabhava or Speciality of ghee. But the same is not of great importance. While citing examples of Prabhava, of course a difference has been mentioned between milk and ghee as even though both of them are similar in Rasa, Veerya, etc., ghee has the stomachic property which milk has not. This is really its speciality. But if we consider both of them in the light of Rasa and Veerya, there is no similarity in them at all. Milk and ghee are sweet in taste but the sweetness of both is quite different. Besides, one is more greesy and the other more watery, and so there is difference in their coldness too. One will naturally increase liquid and the other will in the same way increase greesiness. Besides this, the stomachic property of ghee is rather in dispute. Because, what does ghee mean by being stomachic? Does it cure dyspepsia? That ghee is stomachic means it does not ooze out (wateriness unnecessarily). Its property of oiliness causes expansion of the intercellular spaces which helps to smoothly run on the action of digestive organs. This is what stomachic property of ghee is. More use of ghee will naturally cause indigestion. Ghee is not as oozy, as phlegmatic as milk. Milk is not as greesy as

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Ghee. This is only the gradation in their qualities, and they are really known by the gradation of their Veerya. There is no action seen in it that is contrary to the Veerya or that cannot be inferred from its Veerya. Being devoid of any such contrary qualities, ghee has been included amongst healthy substances or those that are daily usable. Generally, substances of this nature that are useful to the body should be included amongst the healthy or daily dietary class. It is clearly shown here that there is no special power—Prabhava—in ghee. There is the height of greesy Veerya in it and the actions of the same are effective and not of Prabhava. This is an example of a substance of general qualities in conformity with the properties of its Veerya.

2. *Ginger.*

Ginger is pungent in Rasa, but its Vipaka is sweet and Veerya hot. Therefore, the actions of its Punget Rasa will be seen before its Vipaka, that is to say, there will be excitation, dejection, etc. of the tongue, mouth, throat and stomach. But wherever there is an accumulation of phlegmatic refuse, the same is cleared off and benefits gained therefrom. Its stomachic property has been given in this sense. Afterwards, ginger turns sweet by the process of digestion, *i.e.*, its state of dejecting goes away, but its hot Veerya does not. That is to say, even if its dejecting property has vanished, its burning heat is not diminished, and stimulation is due to that. Its actions of hot quality will be according to heat produced in blood. These actions have been told as diminishing Kapha and Vata in general. The disorder caused in any part of the body through obstruction of the path of Vayu (Wind) on account of the intercellular spaces having been closed by Kapha (Phlegm), is dispelled by its hot Veerya. This is the action of its common Veerya. But along with these qualities, Grahita has been given. Grahi means constipating. Heat in ginger dries liquid and causes contraction of bowels. But this contraction is not like that of the Astringent Rasa. Because it has no contracting poperty like the above. Its drying quality only diminishes water and the liquidity of stools will be lessened. So also it will decrease the oozing quality of Rasa and Blood Dhatus. Possessed in this way of general qualities, it is again said to be 'Hridya' meaning increasing the power and action of the Heart. Why should it effect specially upon the Heart? Looking at ginger, it will be

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found to be starchy and this starchy substance is Shlakshna or smooth. The heart which is undergoing a continuous movement of cotraction and expansion requires smoothness for its continuation. Besides, smoothness from substances like ghee will not be useful here as the same will increase phlegmatism and instead of increasing its actions, possibly it will decrease it. The starchy matter in substances like ginger being of sweet Vipaka is not dejecting. But on account of its separateness (Viralata), it produces limited heat and stimulation, and the same is helpful to the action of the Heart. Ginger is more effective in this way in all places wherever there is such a kind of action taking place in the bodily organs. Such places are रसवाहिन्य: (lymphatics) and स्वेदवाहिन्य: (ducts carrying sweat). Here also a sort of stimulation is necessary. Ooziness produces disorder in them, and if there is withering up in them in a limited proportion, their dryness and vacuum remain unaffected when there is limited heat and necessary liquification in them. This helps to the circulation of Rasa Dhatu (Blood). This is really an action of Veerya, but on account of the sameness in properties, it is more effective on minute ducts. Though it is said to be निबन्धनुत् (*i.e.* dispeller of the obstruction in the intercellular spaces), it is really more experienced on स्वेदवाहिनीs (Sweat Ducts). There is one more property in ginger that it is हृद्य (aphrodisiac-stimulating amorous desire), but the same is unconjecturable and falls in the province of Prabhava. There does not seem to be in ginger the property of increasing semen, and, does it really increase semen? It is a question to be considered whether it really increases semen, or creates appearance of having increased semen giving stimulation in the semen canals on account of its above quality (hot but unexciting Veerya). Amongst so many semen increasing medicines, ginger has not been given much importance which shows that this is not a great property of it. The same must, therefore, be understood as not causing desrease of semen. Its Vipaka being sweet, it is of greesy Veerya (greesy Veerya means only not creating dryness here) and, therefore, will not cause decrease of semen. All the properties, greesiness, hotness, coldness and dreariness, must be considered *en masse*. Otherwise, there will arise a confusion in properties. There is a great difference between the greesy quality of sweet and that of pungent substances. It must be understood that one will increase greesiness, but the other will remain uncontrary.

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Ghee and ginger are both stomachic. If then for the sake of greesiness, ginger is used instead of ghee, it is impossible to get at the properties stated. The stomachic quality of ghee, it must only be understood, that even though it is most greesy, it does not cause dyspepsia, and though ginger is pungent and hot, it has not the bad quality of creating dreariness. Everywhere there will be found the use of ginger for the sake of stomachic action and ghee for the sake of greesiness.

Ginger has been prescribed in many places in fever. There is no mention of its antipyrexial property in the Chapter of Properties. But it becomes antipyretic in this way that the obstruction in the lymphs (रसवाहिन्य) which causes fever is removed by its stimulating qualities. This removing of obstruction itself is effective in cases of Rheumatism, as also Intestinal Tumour, Colic, and Tympanites. The local resisting power which is awakened on account of disorder in a particular part utilises ginger there. Obstruction of the intercelluar spaces is unwholesome to all the diseases and ginger removes it away. It is, therefore, fitly said to be विश्वौषधि or the universal medicine.

3. *Kumari* (Aloe indica).

The properties of Kumari have been given as that it is bitter and sweet by Rasa, cold by Veerya but stomachic in action, is evacuating, nutricient, invigorating, so also diminisher of Kapha and Pitta, perisher of tumours and abdominal tumours, diminisher of the enlargement of liver, vanquisher of fever, defect in blood, and impetigo. These properties are contrary to each other, and cannot be understood from its Rasa and Veerya. First, it is stated to be bitter and then sweet, then cold by Veerya but stomachic in action, and then remover of the blood defect, also evacuating (meaning breaking tumours etc.), and by the same property effective on abdominal tumour, liver, etc. If then it is desired to fix the consistent relation of these properties, we must look to the different parts of Kumari. Generally, there are three materials in it, one yellowish milky juice, another soft and smooth substance and the third its internal wet phlegmatic essence. Now, if we look to its size, it seems to be a fleshy substance. Besides, its phlegmatic part is also greater and the milky juice stays there. Therefore, from its size, it is slear that Kumari should be more effective on the fleshy part of the body, the chief abode of the store of Kpha (Phlegm), Kpha in the chest and the substratum

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holding Kpha (one of the seven substrata of the elements of the body). Its Rasa is bitter, but the internal essence is not bitter but rather sweet. Not only the Rasa is bitter but it is violent, wherefrom its evacuating property is guessed. This evacuating action will, however, affect Kpha in the chest on account of the similarity with Kpha and upon fleshy parts on account of the similarity with flesh. This shows that it is the diminisher of Kpha, especially from the chest and the diseases produced therefrom such as Cough, Asthma, etc., as also will act on fleshy diseases, such as Tumours, diseases of the Spleen & Liver, abdominal tumour, etc. This description is then simple. It is granted that its bitter taste and evacuating property acting upon Rasa and Blood Dhatus bebome effective on the skin diseases, fever and the diseases of blood. But this is not its main action. In burns and impetigos, relief by its cold touch is the only effect. It will then be observed that though the many properties of Kumari have been given together in a scattered from, in Treatment its use has been restricted in Cough, Asthma, Tumours, Diseases of the Spleen, Liver, etc., as said above. In the illustration of Kumari, it will be seen that its form and qualities are the causes of its special or Prabhavi properties,

4. *Shilajatu* (Bitumen).

Properties of Shilajatu are said to be of great importance in Ayurveda. They are :—It is bitter in taste, hot in Veerya, is the elixir of life, germicide, curer of ascites, calculus, anasarca, anaemia, diseases of urinary organs, vomiting, skin diseases, is the diminisher of Kpha, Vata as also destroyer of piles and wrinkles, and is a colouring of premature grey hair. In tnis way, many properties have been stated of Shilajatu. But its use has been restricted to the diseases of bladder and urinary organs only, which shows that it must be most efficacious. By what means is this efficacy determined ? Shilajatu is hot by Veerya and bitter in taste, so it is natural that it should be stimulant, digestive, purifier, and diminisher of Vata and Kpha. But what is the principle by which it has been said to be efficacious on the diseases of urinary organs ? For the prodution of these diseases, there is wastage of the bodily Dhatus (tissues) at the root (Shilajatu is epecifically efficacious in Vata Pramehas, a variety of Diabetes) and in this weakened state, the parts of the bodily Dhatus are excreted through urine. In this

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disorder of wastage, if the fatty substances are absorbed, greesinese will he increased, and fat itself having been affected in Kidneys, this absorption—assimilation—action of separation or analysis is not properly done by them, and then while they are being wasted, the source of their supply is also stopped. In this disease of contrarity, if it be tried to diminish this wastage by the use of greesy substances, their greesiness increases the disorder in the kidneys, and if to avoid the same, hot and dreary substances are used, they increase wastage of the Dhatus. Under this contrarity, a medicine of dual properties nourishing the Dhatus and hot by Veerya will only be effective. With this consideration, Shilajatu has been said to be the best in all the diseases resulting in excessive urine. It being made up of Dhatus (high-class minerals), it increases Dhatus, but as its very production is due to mineral heat, it is hot by Veerya, and cannot, therefore, increase greesiness. Besides, the manner of the springing up of Shilajatu being by a process of trickling, this natural quality is very much helpful to remove ooziness of the kindneys. From this natural mould of Shilajatu, a settlement of special qualities other than common ones from Rasa and Veerya has arisen. Having cited many properties of substances in the Chapter of Properties, only one specially effective has been determined in Treatment, viz., as *against* disease.

5. *Guggulu* (A Fragrant Gum Resin).

(Balsamodendren mutsul)

This also contains many properties but it is more freely used on Vata Vikaras and obesity. Really it is more effective on Vata obstructed by fat. Many formulae of Guggulu have been indicated in the Vata Vikaras such as Rheumatism, etc. Though possessed of many properties, that it is more used in obstructed Vayu and Obesity clearly shows that this special property of it seems to have been determined from its form. Guggulu is a milky juice and it oozes through the thick barks of its trees, and therefore, its action is more possible on the plain and thickly fleshy parts of the body. This juice is formed in between the sap of the tree and its covering bark. In the human bady, the stock of fat is formed in between the bones and the covering of the mass of flesh. Thus because of the similarity of the places of their production, the hot property and the properties of

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clearing off any obstruction in the intercellular spaces, Guggulu are seen effective in these parts.

If the properties of substances are thus viewed, the superior, inferior and intermediate among them will be realized. If herbs are classified from the similarity of the human body, similar to the skin are the Parnamayas or those which have mainly leaves (which grow leaves more than other parts). Their leaves are more effective than their other parts, and, therefore, naturally, they will be more useful on the skin. The nourishment and actions of the skin are received through the very small capillaries spread over it, and the same construction exists there in the leaves. Therefore, by the similarity of actions, the vegetable class (eatable) will be effective on the skin. From the similarity with the Rasa-carrying Ducts in the skin and the first ingredient (Rasa Dhatu), Vegetables and amongst them leaf—vegetables—herbs full of leaves—are more effective on the skin and the Rasa Dhatu, for which the guiding principle is वृद्धि: समानै: सर्वेषाम् । (च. सू. अ १).

Fruit Class :—There are also many varieties here. But the chief among them are two (1) fleshy, meaning, which has no nuts and whose fleshy part is more useful, and (2) the other is the nut class, as for instance Almond (वाताम:), Akroda (Alurite Trailoba), Cocoanut (नारिकेल:), etc. Fleshy fruits resemble flesh and, consequently, act upon the same. The essence under the nut is similar to the marrow in the bones (by production) and acts upon it.

Creeper Class :—Creepers bear similarity with the muscles of the body and acts upon them more effectively.

Bulbous Root Class :—This class will act upon the protuberated part (glands) of the body, because, they have respective similarity.

Small herbs, and bowels will be according to trees and creepers. The use of the various parts of a tree is possible upon similar parts of the body. Generally, the innermost part of trees is wood, having no juice. Its adjacent part—part between wood and the barks—is full of juice, and, therefore, the same is brought into use. Amongst them, trees and creepers are brought into use by their roots. Because, roots have got the power of squeezing from the bottom of the earth life-substances and supplying the same to the body. That is to say, roots have got more workability and organism, and it is, therefore, but natural that they should be more useful to the body.

(*To be continued*)

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ASTROLOGY IN HINDU MEDICINE

BY

ASHUTOSH ROY, L.M.S. (Hazaribagh).

(Continued from our last issue)

(10) *The Tenth house* is the Royal house or house of dignity, of laws, of Princes, of magistrates, of memory, of mother, of half years of life (European).

The tenth house is the house of business, of state, of profession of house, of father, of living in foreign lands, of debt, order, fame, of back, of knee, of promotion or degradations, of profit or ruin, of honorable relations, of power, of favours or disfavours of eminent persons (Indian).

(11) *The Eleventh house* is the house of fortune, of good faith, of friends and allies (European).

The Eleventh house is the house of income, of leg, of acquisition, of enemy, of son-in-law, of son's wife, of elder brother, of carriage and horse, of dress and ornament, of profit or loss (Indian).

(12) *The Twelvth house* is the house of falsefriends, of bad faith, of battle, of sorrow, of labours, of beasts and birds ((European).

The twelvth house is the house of expense, of enemy, of death, imprisonment, fine, of buying and selling, of expense, of lording over others' properties, of secret enemy (Indian).

N. B.—To calculate any event from the nativity of the individual, first see what house influences it, then calculate the influence of the house in relation to planets and other factors to make a conclusion.

The strength of respective houses.

The strongest house is Lagna or *ascendant*, next are the *angularis*, that is, 4th, 7th, and 10th houses counted from the ascendant. They are powerful and propitious houses (*kendra*).

Next in succession are the immediate successors of the Lagna and kendra houses, e.g. the 2nd, 5th, 8th, and 11th which are

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less powerful than the angularis, but still propitious or disposed to be good (*Ponfor*).

The remaining 4 houses viz. 3, 6, 9, 12 are not propitious but disposed towards evil (*apoklim*).

According to Brihat Parasar, the authoritative book on Hindu astrology, the general effects of the houses with reference to the planets are as follows : -

Houses 1-4-7-10 (Lagna and kendra houses) are auspicious. Evil planets owning these houses become auspicious and beneficial planets occupying them become inauspicious.

Houses 5 and 9 (difference of 90°) called Trikone are auspicious.

Houses 3, 6, 8, 11—their lords are inauspicious.

Houses 2 and 12—their lords become good or evil according as they are associated with good or evil planets.

Exception :—Mars never becomes auspicious, even if it occupies kendra house, unless it becomes lord of Trikone house also.

Lords of Houses (Swakhetra)

Aries	Lord	Mars+	Libra	Lord	Venus+
Taurus	,,	Venus−	Scorpio	,,	Mars−
Gemini	,,	Mercury+	Sagittarius	,,	Jupiter+
Cancer	,,	Luna	Capricornus	,,	Saturn−
Leo	,,	Sun	Aquarius	,,	Saturn+
Virgo	,,	Mercury (Rahu—Hindu)	Pisces	,,	Jupiter— (Ketu—Hindu).

Except Sol and Luna, each planet has 2 houses : odd house (+), even house (−). The planet is strictly lord of negative house which brings out its evil qualities. It rejoices in positive house which brings out its good qualities. The positive house is called "Mula Trikone." Thus Saturn rejoices in Aquarius which brings out its best qualities and is lord of Capricornus which brings out its evil qualities. Now Saturn is a malevolent planet, if it occupies a malevolent house, its malevolence is increased, but if it occupies a favourable house, it won't be harmful. A planet situated in a house where it is lord will be more powerful than in a "Trikone" where the influence is moderate. (A Trikone or Trine is—120° from swa-kshetra).

If a benevolent planet occupies a favourable house, its benefit is more marked, if an inauspicious house, its benefit is neutralised. The same is true for malevolent planet.

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A benign planet is therefore powerful if situated

(1) in its own house where it is Lord
(2) in a house of a friendly planet
(3) in a house where the star's "dristi" is favourable
(4) in a house where there is "dristi" of a friendly planet
(5) in the same house with a good planet.

A benign planet is weak if situated

(1) in Nichasthan or detriment
(2) in a house of enemy
(3) in a house where evil star is lord (has "dristi")
(4) in a house where there is "dristi" of an evil planet
(5) in a house with an evil planet.

Similarly for malevolent planet.

The association of a planet with another planet modifies its power.

The house of exaltation and depression of a planet.

Every planet is exalted (mitrasthan or ucchasthan) in a particular sign and depressed (Satrusthan or Nichasthan) in a sign diametrically opposite as follows :—

Aries	Exaltation	Sol	depression	Saturn
Taurus	,,	Luna	,,	Ketu (Hindu)
Cancer—	,,	Jupiter	,,	Mars
Virgo—	,,	Mercury	,,	Venus
Libra—	,,	Saturn	,,	Sol
Scorpio—	,,	Ketu (Hindu)	,,	Luna, Rahu (Hindu)
Capricornus—	,,	Mars	,,	Jupiter
Pisces	,,	Venus	,,	Mercury

Thus Saturn is exalted in Libra, depressed in Aries, Lord in Capricornus, rejoices in Aquarius and so on.

Every planet rejoices not only in a sign which is fixed, but in a house which is variable for each individual as these are counted from Lagna in the horoscope.

Mercury rejoices in	the	ascendant
Luna	,,	3rd house
Mars	,,	6th ,,
Sol	,,	9th ,,
Jupiter	,,	11th ,,
Saturn	,,	12th ,,

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Dristi or aspect.

(*a*) *Conjunction*—Planets are in conjunction

(1) when they are within 2 degrees of one another
(2) when they are within 15 degrees of one another
(3) when they are in the same sign or house.

(*b*) *Combust*—when a planet is within 15° of Sol in a horoscope, it is called "combust" for the time being.

It may be noted that the entire horizon is 360°, half (180°) above horizon under influence of Sol, half (180°) below horizon under influence of Luna. Each sign or house is 30° and each star $13\frac{1}{3}$°.

If planets of same temperament are in conjunction, they reinforce each other. But if two benevolent planets are in conjunction, but of different temperaments, the effect is slightly good. If a good and bad planet are in conjunction, the result is mixed.

Planets friendly and inimical

	Friend	Enemy
Sol	Luna, Mars, Jupiter	Venus, Saturn
Luna	Mercury, Sol	...
Mars	Sol, Luna	Saturn
Mercury	Jupiter, Sol, Venus	Luna
Jupiter	Sol, Luna, Mars	Mercury, Venus
Saturn	Mercury, Venus	Sol, Luna and Mars
Rahu	Venus, Saturn	Sol, Luna and Mars
Ketu	Sol, Luna, Mars	Venus and Saturn

When a planet is in conjunction with another which is its enemy, the evil effect is enhanced and vice versa.

Strength of Luna in relation to Lagna

Luna's strength is calculated from the planet in the ascendant.

Saturn	ascendant—effect	one time
Mars	,,	two times
Mercury	,,	three ,,
Jupiter	,,	four ,,
Venus	,,	five ,,
Luna	,,	six ,,
Sol	,,	seven ,,

(*To be continued.*)

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NOTES ON THE USE OF CHANDRICA

(Rauwolfia serpentina Benth.)

in insanity and on some other medicinal plants

BY

EKENDRANATH GHOSH, M.Sc., M.D.

Professor of Biology, Medical College, Calcutta.

The plant Rauwolfia serpentina Benth. is a climbing shrub belonging to the Natural order Apocynaceae. It is known as chandrika and sarpagandha in Sanskrit and chhotachanda, chand morrowa, dhanmorrowa, asrol and isrol in Hindi. The root of the plant is sold in the principal towns of Bihar under the name of Pagaljadi. The root is extensively used for treatment of insanity and is usually brought from Nepal, as the plant grows extensively in the tropical Himalayas and in the neighbouring regions.

Although the plant has long been used as an antidote for snake poison (as indicated by the sanskrit and scientific names), the use of the plant in insanity is not recorded in the medical literature.

The root of the plant has been so extensively used for maniacal form of insanity with desidedly good results in Bihar, that its usefulness is beyond any doubt.

So far as I could gather from reliable sources the plant is used in the following manner.

One-fourth to one tola of the powdered root is made into a fine paste with water and mixed with powdered black pepper (19 black peppers for one tola and corresponding number for other doses). The paste is administered every other day, the dose varying with the age and severity of attack. The paste has a sleep producing effect and at the same time it helps in relieving constipation.

Within about one hour and half the patient feels drowsy and goes to sleep after three hours. He is awakened about midday, is made to take his midday meal and again goes to sleep to wake up much refreshed in the afternoon. He is given light food at night and has usually a nice sleep at night. Sometimes the patient sleeps continuously for 24 hours after a single full dose.

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The diet restricted to simple bland food and mustard oil, pungent articles and animal food are avoided.

The plant has such a good reputation in curing or at least in relieving maniacal form of insanity that it should be given a thorough trial under direct medical supervision.

The study of the chemical composition has already been taken up in the school of Tropical Medicine.

Health and Hygiene

—:o:—

GETTING IN THE HABIT

BY JULIA HOUSTON RAILEY.

A baby is born without habits. His mother must be ready to give them to him. It is an enormous responsibility. Give me a child until he is seven, said the Jesuits, "and anyone may have him after that." 'Give me a baby until he is three.' It is being amended now-a-days, though very few mothers would stop at three years in their task of forming new and sound habits in their children. Habit forming should begin, however, at a child's birth.

The baby arrives. He is in the hands of the adults from his first breath. Nurse and doctor attend to his weighing, dressing and to his cleansing, also to his eyes, temperature and rest "On his right side for twelve hours with feet elevated."

So far there is no volition on the part of the new arrival. But from his first feeding, his first drink of cool boiled water through a nipple from a bottle, his own habits begin. Within a month he can be a tyrant who keeps a whole household awake at night feeling nervous, uneasy and filled with apprehension every time he "Starts." Within a month, on the other hand, he can be a joy to have around—feeding at regular times, sleeping at proper hours, being bathed at a certain daily period, his bowels moving with some regularity, even ready to kick a bit, and be entertaining at the right times of the day.

Given normal conditions, the choice of which sort of baby she will have rests largely with a mother, aided of course by her nurse. And the kind of baby she has is approximately the kind of run about and school child she will have at later stages of his life. So a habit in time will save ninetynine times subsequent difficulties.

QUIRKS OF CHARACTER BEGIN IN BABYHOOD.

The first habits to form are those of conformity to a regular time for feeding, sleeping, bathing and bowel movement. A mother should learn

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from doctor and nurse the proper periods for these important functions in a baby's life and not deviate from them, especially from the habit of regular feeding.

The baby should not be disturbed by being taken up too often or "Shown off."

It is bad, also to start the habit of quieting him every time he cries. If one makes sure that he is not uncomfortable, hungry or in pain, and that no pins are pricking, he can be left to quiet himself.

A pacifier is to be avoided as an unmitigated evil that carries with it dirt and germs and that may eventually be responsible for mouth breathing, poorer digestion, and improper formation of jaws, teeth and palate, Some term it one of the chief causes of adenoids and of diseased tonsils.

But diseased tonsils in children are not only the end-results of unwise habits formed in babyhood. Nervous irritability of temper is too often found in the child used as a plaything by the family when a baby. Finicky fussiness about food frequently characterized a child fed irregularly when small and not given his supplementary orange juice and cod liver oil and his healthful vegetable purees and cooked cereals at the definite and progressive periods now prescribed.

If very early a child can be taught the inevitability of his consuming certain wholesome food at regular times of the day, he will take it as a matter of course later.

Temper tantrums, monopolistic selfishness, undue self-assertiveness and a number of other quirks of character tend to grow naturally out of a spoiled babyhood allowed the right of way in an adoring household.

If parents would out-jesuit the jesuits and rear children who will uphold and not upset a home, let them begin at the beginning by getting a baby in the habit of having the right habits.

None of which is to be taken to mean that good habits cannot be formed in anyone of any age to-morrow—to-day—now.—*Health and Happiness.*

WHY AND WHAT WE SHOULD EAT

By Mr. N. Narayana Murthy, Tuni

The mode in which the body avails of its energy contained in its own substance depends upon these following facts :—

Whenever atoms unite to form molecules energy is set free, and the stabler the molecule formed the greater the amount of energy liberated in their formation, and the same amount of energy is used up to break down the molecule as it is formed. The molecules of the compounds of substances from which the body obtains its energy are carbon, hydrogen, oxygen, nitrogen and some other elements, which are relatively complex

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and unstable and rich in energy. They are broken into their atoms, the hydrogen and oxygen atoms being combined to form water, carbon and oxygen atoms to forming carbon-di-oxide while hydrogen and nitrogen atoms forming ammonia ; all these are eliminated from the body as waste products. The molecules of these compounds are small and more stable than those from which these are derived. The energy that is set free in the formation of these stabler molecules is much greater than that which is used up in breaking down the molecules of the original substance.

Thus a greater amount of energy is in balance and is available for other purposes of life being kept in the body in the form of heat in man and other higher vertebrae.

Now we know that we have to eat for two purposes : one is to nourish the cells of the body for their growth and multiplication, causing the growth of the whole body ; the other is to make good of the waste of the protoplasm by which the body avails its energy. That is to say, we have to eat only for a good purpose for the body.

But now man is eating not to make good to his body—but to kill himself with his own hands While he has to eat substances that can easily be made into protoplasm, he is eating substances made to klll his protoplasm. While he has to eat foods that are rich in energy which can be liberated easily, he is eating substances got rid of their energy. Not to exaggerate, rarely a man eats food full of energy. If he eats raw organic foods as they are in nature, whether they be of animals or of plants, he will be rightly fulfilling the ideal of his life and enjoying the gifts of God. But he eats foods, artificially made by him, in which the energy he intends to obtain is deprived of. By the artifical ways of man, even the immortal amoeba and paramecium (another one called immortal animal) are made mortal. (In nature they are immortal. But in cultures brought up by man they are found to get disease, become incapable of anabolism and fission and die). So also, I think the cells of our body would have been immortal if they were kept in strict adherence to the principles of nature from the time of evolution of man. Thus we may believe the so-called legends of our *puranas*, which tells us that great princes lived and ruled for thousands of years, and great *Rishis* were in penance for thousands of years, which we think to be mere exaggerations.

The most common artificial way of making foods unnatural is to *heat* them, over artifical fire, by which the energy is driven off from the substances by making their molecules stabler and thereby liberating energy from them which goes out, and which if liberated in the body serves a very good purpose. Thus almost all or all of the energy is lost by them. Moreover the cell has to waste much energy to split these somewhat stabler compounds to get energy from them which are already deprived of it This is like giving a horse for an ass. Moreover in heating these

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substances many poisonous chemical compounds may form (I suppose) which render the cell killed or at least derange some of its functions. Though some of them are not poisonous, the cell has to waste some of its energy to remove them as they are useless to it. The other artificial way, that causes much distress is to mix this and that, many at a time, in which process the above said chemical reactions may take place in which too, much energy is lost. The third is to eat inorganic substances which take no part in the composition of the body substance except making the body waste its energy in their removal.

Now, I think, I have given reasons that can satisfy my reader for using only raw and organic materials as to get good health and I wish to mention which materials I think best to be eaten.

The two kinds of organic substances that an animal can get are animal substances and plant substances. We have to consider which of them is the best. It is a common fact that every animal, whether it be carnivorous or a vegetarian, must depend upon plants for food directly or indirectly, if it is a carnivorous animal it depends upon amimals that depend upon plants directly. Therefore I prefer to depend upon plants directly due to the following facts :—

The plant substances give more energy than those of animals. The plant makes its protoplasm taking inorganic substances from nature. The energy required in this process it obtains directly from the sun. It does never lack energy as long as sun exists. Those compounds are unstable and rich in energy. Animals take those substances decomposing them from stabler compounds liberating much energy, as already mentioned. Moreover animals lose constantly either energy in locomotion and other purposes of life while the plants costantly get it and store it in them, and they have no need of losing it. It is a common fact that the animal substances prove more difficult to be digested by man than plant substances. Now one can decide whether substances that give much less amount of energy with difficulty are preferable. Moreover, I think, as I am not carnivorous, that none can eat raw substances of the animals except milk. If they are not raw, no use of eating foods whether they are flesh or vegetables. No animal, but man, is seen in nature eating artificial and unnatural foods.

Moreover, to get animal substances, one deliberately commits the universal sin *Himsa*. But a true, natural vegetarian is free from this sin, the explanation of which causes a deviation from the subject and still prolongs the already long essay with which I very much vexed my reader. I request the reader to excuse and not to consider the mistakes, as a critic and to correct them. I finish with these few words that uncooked vegetable substances are the only foods for man, if he wishes to full the true ideal of his life, the Happy living.

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Reports of Societies, etc.

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THE KAIVALYADHAMA

A Review of its Activities

From October 1924 to March 1930.

FOUNDATION AND IDEALS

The Kaivalyadhama was founded at Lonavla by Srimat Kuvalayananda with himself as the Director on the Vijayadasami day in 1846 of the S'aka era, that is on the 7th of October, 1924, A.D. In a statement issued by the founder some six months earlier in connection with the then proposed institute, the following lines appeared regarding its principal ideal.

"The Kaivalyadhama has for its principal ideal the co-ordination of the result of modern sciences, whereas the Eastern thought is mainly based on the spiritual experiences of the mystics. He, therefore, believes that a co-ordination of the modern sciences and the mystic experiences will lead to the assimilation of the Western and Eastern thought. The following paragraph may be quoted here from the statement referred to above.

"The Yogins, right from Patanjali, the greatest exponent of Yogic science, knew how to induce the highest spiritual stages. As the objective sciences had not developed till late, it was not possible for these stages to be experimented upon ; and though lately there has been a startling advance in modern sciences, their exclusive material tendency and equally exclusive spiritual tendency of the Yogins, have led to a complete but an unlucky divorce of the two schools of thought. The Kaivalyadhama is anxious to wed these together and produce results which will lead to the realization of the ideal indicated above."

Along with the principal ideal, the subordinate ideals of the Asrama were also enuniciated in the same statement in the following words.

"The Kaivalyadhama, however, proposes not only to conduct the above mentioned research, but also wants to start institutions of higher education in sociology, spiritual and physical culture. It also intends sending out youths that will selflessly help the building up of their nation."

It may be noted at this place that in the case of the Kaivalyadhama, the adoption of the subordinate ideals was absolutely necessary for the

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realization of its principal ideal. This point requires a little elucidation. The co-ordination of modern sciences with mysticism means laboratory research in the field of Yoga. Now this research work requires the services of two classes of men, namely, research scholars who would conduct the experiments etc., and the subjects upon whom the experiments would be done. It is essential that both these types of men are advanced students of Yoga and have a very very good intellectual equipment also, although the subjects do not require it as much as the research scholars. No Indian university produces this type of graduates. Hence the establishment of an academy where along with Yogic training students would be given intellectual instruction, had to be kept as one of the subordinate ideals.

Again research scholarship is a matter of aptitude, so also advanced studentship in Yoga. Out of a large number of candidates under training only a few would develop themselves into research scholars or advanced students of Yoga that may make useful subjects. The remaining would be useless for research work, although they were likely to be of great service to humanity, in any other spiritual work. Hence it became desirable to think of utilizing their services, and the spiritual uplift of humanity in general, was, therefore, fixed up as another subordinate ideal of the Asrama.

Moreover out of the candidates selected at the Kaivalyadhama for training, there would be some who would be highly intelligent and capable of carrying on research, though not in the field of modern sciences. Their Yogic equipment or their native intuition would be such as would enable them to study civilizations, ancient and modern, from the spiritual point of view. Such men had to be given a field of activity. Hence it was thought desirable that the ideals included the study of different civilizations. This ideal of a study of different civilizations was not expressly enunciated in the statement referred to above, but has been clearly defined in the aims and objects of the Kaivalyadhama Spiritual Service.

Further, among the students being trained in the Kaivalyadhama there would be a large number of youths who would make good subjects and whose Yogic culture would qualify them for a variety of selfless services of humanity, although their intellectual equipment would be moderate. These youths, it was thought, would be of great use in the spiritual uplift of Indian villages. Hence Village Service has also been adopted as another subordinate ideal of the Asrama.

Again according to the East, philosophy is something to be lived, not merely to be theorized. Hence such philosophical principles, as would be evolved by the Kaivalyadhama, are to be translated into action. The members of the Asrama are not to be satisfied only by themselves putting these principles in practice, but it is their duty to get their fellow beings to

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act according to them. Hence the organization of an active service had to be kept as still another subordinate ideal of the Kaivalyadhama.

The foregoing paragraphs will make it amply clear that so far as the Kaivalyadhama is concerned, the subordinate ideals are a necessary and logical outcome of its principal ideal. The founder is happy to see that during the last five years' time, he has been keeping himself strictly within the limits of these ideals ; and had absolutely no occasion to depart from them.

THE RESEARCH

The principal ideal of the Asrama is the co-ordination of modern sciences and Yoga. Although the most important part of this co-ordination would and should refer to the advanced stages of Yogic culture, the scientific interpretation of the lower Yogic processes was also considered to be a valuable work. The Director could also see that his way to higher co-ordination would be prepared if he undertook the lower work first. Again there were extraneous circumstances which made metaphysical or psycho physiological work impossible to begin with. The ideal of the Kaivalyadhama was an altogether new ideal in India. Hence before it became popular, it was impossible for the Director to get the necessary men and money. The researches in the field of metaphysics or psycho-physiology were not likely to appeal to the imagination of the moneyed section of the Indian population. Hence the scientific interpretation of the physical culture and therapeutical sides of Yoga was considered by the founder to be the best way to popularize higher scientific research in Yoga. That the Director's calculations in this regard, have tolerably come true can best be seen from the popularity the Asrama has attained throughout India within such a short period of its existence. A number of appreciations will bear on eloquent testimony in this connection. That is why it was decided to begin the scientific research with reference to Yoga as a system of physical culture and therapeutics. Needless to say that such a research was bound to be mainly physiological and anatomical.

During the last five years or more for which the Asrama is in existence, the research has progressed satisfactorily. X-Ray and laboratory means have been very largely used and a number of Yogic exercises such as Asanas, Bandhas, Kriyas, Mudras and Pranayamas have been studied scientifically. Their physical culture value and therapeutical value have been critically examined. The resulst arrived at are found to be as interesting as they are useful. The work thus far done has attracted the attention not only of many eminent Indians individually, but also of several Indian States and even of two Provincial Governments. On the strength of it, it has become possible for the Asrama to spread its influence even beyond the limits of India. All

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these statements will be borne out from the short sketch of the developments of the Asrama that is attempted in the following pages.

THE YOGA MIMANSA

Although the Asrama was founded in October, 1924, the founder had begun his research work much earlier. Thus by the time the Asrama came into existence the Director had with him material enough for starting a quarterly journal for the dissemination of the results of his research work. So the journal Yoga-Mimansa came into existence along with the Asrama. Even during the short career it has had up to now, the Yoga-Mimansa has commanded circulation throughout the length and breadth of India and even abroad. Papers and periodicals, medical men and physical culturists, so also eminent men of light and leading, all have very warmly appreciated the material published in this journal. The testimonials extracted elsewhere in this pamphlet are a clear evidence of the high esteem in which this journal is held by the public. The Director begs to draw the readers' attention especially to the appreciation of Dr. Rissom, professor of Physical Culture, Heidelberg University, Germany; Dr. Clare, M. D., Carlton, Minn, U. S. A.; Dr. Caldwell Health Home, Calif. U. S. A.; Dr. A. C. Bisharad, M.R.A.S. (Lon., Calcutta; Prof. Manikrao, the most eminent Indian physical Culturist, Baroda and Dr. Gananath sen, M A., L M.S., Calcutta. The view of Mr. Mead, Editor of the Quest, London, is typical of the press notices. Dr. Sanjivi's opinion shows how the work is finding favour with France. The extract from the report of Dr. A. Sousa, the Deputy Director of Public Health, United Provinces, so also the opinions of Sir C. V. Mehta and Diwan Bahadur Harilal Desai indicate the appreciation of high government officials. The notes of Pandit Motilal Nehru and Sir Shankaran Nair record the opinion of eminent Indians of light and leading.

It is, however, very unlucky that the Yoga-Mimansa has always been running an irregular course. Still the Director feels confident that hereafter the journal will be punctually published.

In the three volumes that have just been completed quite a large field of Yogic exercises has been covered. Uddiyana, Nauli, Basti, Dhauti, Pranayama etc. have been scientifically investigated and proved to be of great value as exercises for physical culture and therapeutics. Diseases such as constipation, auto-intoxication, appendicitis, epilepsy, thyroid-insufficiency, have been discussed and their treatment through Yogic Therapy has been indicated at length. Most of the hygienic exercises from Yoga have been treated in detail, and their technique has been described with almost accuracy. For a practical student of Yoga, this journal has become a reliable guide.

That the paper occupies a high level in the joutnalistic world is to be seen from the very valuable literature that is being exchanged with it.

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The Quest Society, London ; The Open Court Publishing Company, Chicago (U S.A.) ; The Eastern Buddhist Society, Kyoto (Japan) ; Indian Psychological Association, Calcutta ; The Madras University, Madras ; The Mythic Society, Bangalore ; The Andhra Historical Research Society, Rajahmundry ; The Visva-Bharati, Santiniketan (Bengal) ; The Academy of Philosophy and Religion, Nimbal ; The Indian Institute of Philosophy, Amalner ; The Royal Asiatic Society, Bombay ; The Bhandarkar Oriental Research Institute, Poona ; Government of India Archæological Deparment, Simla ; The Nizam's Archæological Department, Hyderabad (Deccan) ; The Indian Philosophical Congerss are all exchanging their periodical publications for the Yoga-Mimansa.

SRI SARASVATI MANDIRA

The response by way of exchanges for the Yoga-Mimansa was almost immediate. Within a year's time the Asrama began to receive a very large amount of periodical literature in exchange for its organ, the Yoga-Mimansa. It was, therefore, thought desirable to supplement these exchanges by a few papers and periodicals specially subscribed, so that the whole literature put together would constitute a fairly rich reading room. Accordingly on the 27th of September, 1925, that is on the Vijaya Dasami day of the Aryan calendar, a free reading room was also made at the same time towards developing the Asrama Library, the Free Reading Room and the Library being combined into one department called S'ri Sarasvati Mandira. The Free Reading Room is very largely availed of not only by the workers and students of the Asrama but also by the indoor and outdoor patients and visitors The Library is yet in the making and requires much addition of books in different subjects. It is hoped that in about a couple of years the Library will have a decent degree of equipment.

THE RANA NATAVARASINGH CLINICAL LABORATORY.

Ever from the foundation of the Asrama patients began to seek therapeutical relief from the Director. The spread of the Yoga-Mimansa put different provinces of the country in touch with the Kaivalyadhama. The result was that in a short time the number of patients began to be so large that a clinical laboratory for their examination, under the management of a competent medical graduate became necessary. Early in 1926 a medical graduare was engaged to work as the House Surgeon of the Asrama. His duty was and has been to conduct a thorough medical examination of the patient and to present the report to the Director. A moderately equipped clinical laboratory was organized under the auspices of the Kaivalyadhama. At this juncture very luckily for the As'rama His Highness the Maharaja Ranasaheb of Porbandar promised a liberal grant of three thousand rupees a year. Out of gratitude to his Highness, the Director requested permission to associate the

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clinical laboratory with the royal name of the Maharaja Ranasaheb. The permission obtained, the then existing clinical laboratory was very decently equipped and started under the new name of the Rana Natavarasingh Clinical Laboratory on the 16th of October, 1926, that is, the Vijaya Dasami day of the Saka era.

During the las three years or more for which the Laboratory has been working, about thirteen hundred patients have been medically examined by the officer in charge. The facilities of medical examination available here are given not only to patients who come for Yogic Therapy, but also to outsiders who do not come to us for treatment. Many of the local medical institutions along with the Government Hospital at Khandala and the Hindu Sanatorium for Tuberculosis at Karla, take advantage of the Natavarasingh Clinical Laboratory. All examinations are offered free of charge. The Clinical Laboratory has been found to be a great advantage by the public round about Lonavla. From the beginning of 1929 the Rana Natavarasingh Clinical Laboratory is being used by Probationers under training at the Academy for being instructed in Clinical Methods.

RUGNA SEVA MANDIRA

In less than two years and a half atfer the foundation of the Asrama, the Kaivalyndhama began to attract patients from all parts of India on a large scale. Up to the end of 1926 these patients were housed in the same buildings as the permanent inmates of the Asrama. It was, however, deemed desirable, because of the increasing number of patients, to have a separate house for them. Accordingly a new bungalow was taken on hire, and a special health resort called Rugna Seva Mandira was established therein. The Director now finds this bungalow to be quite inadequate for the requirements of his therapeutical activities. At times, especially in the months of summer, there are as many as twenty-five indoor patients, whereas the provision is only for nine beds. It has become, therefore, imperative to have a special commodious building for Rugna Seva Mandira. Many patients stay outside the Asrama and come to the Director for outdoor treatment.

Since the foundation of the Asrama nearly two thousand people have been treated either as indoor or outdoor patients. People suffering from constipation, dyspepsia, auto-intoxication, nervous debility, asthma, piles, seminal weakness, heart troubles and a variety of other diseases have found great relief from Yogic Therapy.

Yogic treatment, whether indoor or outdoor, is offered gratis to all patients coming to the Asrama. The indoor patients are even boarded and lodged free of charge for the first two days. Even afterwards, patients are made to pay only the actual expenses. The Director feels extremely happy for thus being able to conduct the examinations and

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treatment of patients free of charge. Every day, however, this charitable work is putting an additional economic burden upon the Asrama ; and it is reasonably feared that financial considerations may oblige the Director to put a check on this activity, unless liberal monetary support is accorded to the Kaivalyadhama by the public.

A reference to the Probationers under training at the Academy will be presently made. These Probationers have to be trained in Yogic Therapy along with other subjects. Rugna Seva Mandira affords these Probationers very good opportunity for getting clinical experience. This therapeutical department is a valuable help also to the Director in conducting his clinical research. Thus it will be seen that the Rugna Seva Mandira has not only a clinical value but educative and research values also.

YOGIC PHYSICAL CULTURE

One of the ideals of the Kaivalyadhama is to evolve a system of physical culture based on Yoga and to take steps to popularize that system. Research work done in the field of Yogic exercises from the physical culture point of view, and published in the Yoga-Mimansa, went a long way in realizing this ideal. Institutions from different provinces sought the help of the Director in organizing physical culture courses based on Yoga. The activities of the Asrama in this field of Yogic physical culture proved to be so valuable that two Provincial Governments thought it desirable to take advantage of the Director's knowledge of this subject. Late in 1927 the Government of Bombay appointed a committee to inquire into problems of physical training. Srimat Kuvalayananda, the Director of the Asrama, was requested to be a member of this Committee. In their report submitted to the Government, this Physical Training Committee has highly spoken of the Yogic physical culture as it is being systematized by the Kaivalyadhama. The other Provincial Government that interested itself in the Yogic system of physical culture was the Government of the United Provinces. In the summer of 1928 this Government deputed to the Asrama their Deputy Director of Public Health. Dr. A. Sousa who came out on this deputation was to report on the possibility of the Yogic exercise being introduced in the educational institutions of the United Provinces. The Deputy Director stayed in the Asrama for two weeks and after a thorough study of the Yogic exercises from scientific and educational points of view, submitted an excellent report to his Government. He has recommended very strongly the physical culture exercises as they have been systematized by the Asrama. The U. P. Government have since then printed and published this report of Dr. A. Sousa.

A very large number of educational institutions scattered throughout the Indian Nation are requesting the Director to lend them the services

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of a trained Yogic physical culturist. It is the sincere desire of the Director to respond to this call of the Nation. It will take, however, some time before the Asrama finds it possible to send out trained Yogic physical culturists for the work required.

SPIRITUAL CULTURE

The sketch that has been attempted up to now of the activities of the Asrama during the period under report refers only to the physical culture and therapeutical sides. Properly speaking, Yogic physical culture and therapeutics form only the subordinate ideals of the institution. The principal ideal as stated in the beginning of this report is the co-ordination of the spiritual phenomena of Yoga with the modern science, with a view to evolve a philosophy that would, perhaps, satisfy the majority of mankind. The Director is happy to state that this ideal has been kept before the eye throughout the growth of the Kaivalyadhama ever since its foundation. For reasons explained in some of the paragraphs in the beginning of this sketch, the work of spiritual and scientific co-ordination had to be postponed up to now and may not be begun in the immediate future. But preparations are being made for that work from the beginning of the Asrama. Highly developed spiritual subjects, advanced spiritual culturists as research scholars, and a well-equipped laboratory are the three factors upon which spiritual reasearch depends. Handsome provision of money may make the third factor ready in no time. But spiritually developed subjects and research scholars for spiritual investigation will always take a long time to develop. The short career the Asrama has had up to now has been utilized in developing these two types of spiritual culturists. Although the Director is satisfied with what little progress has been made up to now, he is afraid it will take at least a few years more before people of the necessary qualification are produced in the Asrama. Constant efforts are being made to accelerate the spiritual progress of the inmates of the Asrama.

Every student admitted to the Kaivalyadhama is bound to have spiritual evolution through Yoga as the ideal of his life. No one that does not cherish this ideal is allowed to be an integral part of the institution At present there are some fifteen souls in the Asrama trying to be in tune with the Infinite, Every year a few students are admitted. It is only recently that the training facilities at the Kaivalyadhama have been tolerably complete, as will be seen from this report. When the Indian youth comes to know of these facilities, the Director feels confident that a larger number of students will be available. Whoever happens to read this report is earnestly requested to direct to this Asrama earnest soul hankering for spirituasl evolution, if he chances to come across them.

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SRIMAN MADHAVA YOGA MANDIRA

or

THE MADHAVADASA ACADEMY OF SPIRITUAL CULTURE

The type of subjects and scholars required by the Asrama for its research work cannot be available ready-made in the market. Indian universities do not produce this type of graduates. In these universities students have to take courses either in science or in philosophy. The Kaivalyadhama stands in need of students who have grounding in philosophy as well as sciences. Hence along with practical instruction in Yoga it became necessary to make arrangements for giving intellectual instruction to the graduates and undergraduates admitted to studentships at the Kaivalyadhama. Again, in order to secure a succession of workers who could co-operate in an organized institution, for research and other things, it became necessary to frame a democratic constitution for the Asrama. The institution established for the spiritual and intellectual training of the students is called Sriman Madhava Yoga Mandira or the Madhavadasa Academy of Spiritual Culture. The organization of spiritual culturists forming an integral part of the Asrama is named the Kaivalyadhama Spiritual Service. First the Academy will be taken into account

Taking anvantage of the eighth anniversary of Sriman Madhavadasaji Maharaja, the revered Gurudeva of the Director, Sriman Madhava Yoga Mandira was established on the 6th January, 1929. Srimat Kuvalayananda instituted himself as the Kulapati of this Academy and Dr. V. D. Merchant, a Retired Civil Surgeon of the Government of Bombay, was made the Superintendent. Dr. Merchant who is a highly evolved soil, after his retirement, has settled in Lonavla and has identified himself with the Asrama. Under his able guidance the Academy has worked for more than a year and the progress has been entirely satisfactory.

Only such students as are capable of doing higher spiritual work are admitted to the Academy and are called Probationers under training. The course lasts for four years. Yoga is studied from all points of view ; spiritual, physical, therapeutical, scientific and philosophical. These Probationers after completing their course are bound to join the Kaivalyadhama Spiritual Service if the Director calls upon them to do so. The Asrama stands responsible for the boarding and lodging of these Probationers and also bears other expenses legitimately incurred by them as students under training.

To begin with, there were six probationers, two graduates and four under-graduates One undergraduate has since then discontinuted his course. In addition to the Kulapati and the Superintendent, the House Surgeon of the Asrama, Dr. B. M. Kadkol, M. B., B. S., is one of the tutors at the Academy. Sriman Raghunatha Sastri Kokaje, Tarkatirtha,

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is another tutor. He is responsible for the teaching of the Aryan Philosophy.

WORKING STUDENTSHIPS

Youths, whose intellectual qualifications are so humble as not to secure for them a career at the Academy, are admitted to Working Studentships. This class of students gets practical training in Yoga as a system of spiritual and physical culture. No special attempt is made to improve their intellectual equipment. They are made to work in the Asrama for a few hours. These working students also get their boarding and lodging free of charge and their other legitimate expenses are also borne by the Asrama.

SPIRITUAL TRAINING FOR OUTSIDERS

For getting spiritual instruction in the Kaivalyadhama, one need not offer himself to be an integral part of the institution. One may come to the Asrama whenever required by the Director for receiving instruction. That much stay is sufficient for being trained in Yoga. These outsiders when they come to the Asrama are treated as Visitors

If these outsiders so choose, they can stay even outside the Asrama in Lonavla ; and be available for instruction when needed by the Director. Needless to say that all spiritual instruction is given absolutely free of charge.

THE KAIVALYADHAMA SPIRITUAL SERVICE

It has been stated above that Kaivalyadhama Spiritual Service was instituted on the occasion of the eighth anniversary of Sriman Madhavadasaji Maharaja. It is mainly the members of this Service that go to form the Asrama. They are expected to be spiritual culturists of a fairly high level. It is their duty to perpetuate the traditions and to develop the work of the Kaivalyadhama. Self-sacrifice and constant anxiety to work for the spiritual uplift of mankind, either through research work or otherwise are to be the characteristics of these people. It is a body of men who recognize responsibilities without rights. They are expected to live for others, to work for others, and to die for others. They look upon selfless service of humanity as one of the best aids to their spiritual evolution. 'Thyself Last' is to be their motto. At present Srimat Kuvalayananda is the only member of this Service. He has instituted himself to be the First Member of it. Out of the different graduates into which this Service is divided he keeps himself to the last. He expects his successors to be far better equipped both intellectually and spiritually than himself, so that they can befit themselves for the higher grades.

As soon as the Probationers at the Academy complete their course of training, those of them that will be found deserving, will be admitted to the Kaivalyadhama Spiritual Service.

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Outside the Academy one more candidate has been taken up as a Probationer for this Service. It is Mr. Ramadasaji Gulati, who is a Manchester B. SC. in Engineering. He is to serve a probation of two years before being admitted to the Service.

THE VILLAGE SERVICE

India is preponderately a land of villages The members of the Kaivalyadhama Spiritual Service are, by their equipment, expected to work in towns and cities. A humbler sort of race has to be evolved spiritually who can work among the villagers and look to the needs of their soul. The Director contemplates instituting a Village Service for this purpose as early as possible. Information given about the intended programme for this sort of service will show that it can be instituted only if the Asram can make arrangents for instruction in Dairy Farming, cattle Breeding and Agriculture. It is a costly programme and requires substantial donations to the Asram. The Director is, however, of oppinion that the work of the Kaivalyadhama can never be said to be complete unless and until it prepares men who can go out and settle in villages and work for the uplift of the rural population at present steeped in ignorance.

THE KAIVALYADHAMA AS A PARENT INSTITUTE

The Kaivalyadhama is yet in its infancy. Still the Director is being pressed every day to establish its branches in the different parts of India. There are offers of properties for providing sites for these branches. Gentlemen have come forth to bear the running expenses. All this is very encouraging. It will, however, take some time before any serious work is started by the Asrama outside Lonavla.

THE FINANCE

Up to now the Director has made no attempt to collect subscriptions from the public at large. Only a few ruling princes and merchant princes have been approached. The Director is very happy to note that the response from people thus approached has been encouraging, in most of the cases. Some of the personal friends of the Director are responsible for donations far beyond their means. Four occasions have left a deep mark on the economic career of the Asrama. The first occasion arose when even before the idea of founding an Asrama was entertained, a few friends of Srimat Kuvalayananda came forth to bear the cost of the research work he was then contemplating. The second occasion was marked by a liberal donation of five thousand rupees on the part of Srimaut Pratapasheth of Amalner. It was this donation which enabled Srimat Kuvalayananda to found and continue the work of the Asrama on a decent scale. Third occasion has been made memorable in the

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history of the Kaivalyadhama by a generous grant of three thousand rupees a year from His Highness the Maharaja Ranasaheb of Porbandar. This grant gave an immediate impetus to the work of the Asrama and enabled the Director to undertake many addditional activities. It added to the prestige of the Kaivalyadhama enormously. The fourth occasion arose when Mr. Lalaji Gokuldasa, an Advocate of the Bombay High Court, gave in donation to the Asrama a decent garden at Borivli, one of the beautiful suburbs of Bombay. This property is worth thirteen thousand rupees ; and is held in trust for the Asrama by the Director. It has prepared the Director's way for starting a branch of the Asrama for Bombay. People responsible for the donations given on these occasions have earned the eternal gratitude of the members of the Kaivalyadhama.

There are many others who have also helped the Asrama splendidly, Sir Prabhashankar Pattani, very early in the career of the Kaivalyadhama, placed the Director under obligation by allowing the Asrama free use of his beautiful property situated at Lonavla. It is worth twenty thousand rupees, His Highness the Thakorsaheb of Limbdi and his Personal Secretary, Miss Elizabeth Sharpe, deserve the thanks of the Director for having first introduced him and his work in Kathiawar. Their Highnesses the Thakorsaheb of Morvi and the Maharaja of Bansda were kind enough not only to give decent donations but also honoured the Asrama with their visits. There are other states and other donors who have been equally kind to the Director. Srimat Kuvalayananda takes this opportunity to acknowledge his deep debt of gratitude to the persons referred to above and to others that have helped the Asrama to its present position.

Although the amounts given in the list appear encouraging, the ever increasing needs of the Asrama require far richer donations to satisfy them. Even after a five years' satisfactory career the Asrama is housed in rented buildings There is no permanent fund nor are the different departments fully developed for want of adequate financial support. Work of this type requires to be placed on a sound economic basis. At a moderate calculation a sum of ten lacs of rupees is needed for the development and satisfactory maintenance of the Kaivalyadhama.

The Asrama is a public institution and is being maintained on the strength of public charities and the extreme sacrifice of its inmates. Whatever property it possesses belongs to none in his individual capacity. The Director himself is a recluse and has absolutely no economic interest in the property of the Kaivalyadhama.

THE CONCLUSION

Yogic culture is one of the richest legacies the ancient Indian savants have left to the world. The noble spiritual elevation that is seen in India even in her present deplorable condition is mainly due to the

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influence of Yoga in one form or another. A revival of this culture is sure to raise her to her former position of glorious dignity. The Asrama is trying to bring Yoga in correlation with the present-day culture by attempting a scientific interpretation of its truths. It undertakes to train youths who will stand for whatever is best in the different cultures of the earth, ancient or modern. Under these circumstances the Director humbly begs to suggest that it is the duty of every individual, who cares for the progress and well-being of humanity, to show his active sympathy to the Asrama and enable its workers to realize their cherished ideals.

Kaivalyadhama,
LONAVLA,
April 30, 1930.

Kuvalayananda
(J. G. GUNE),
Director, KAIVALYADHAMA.

FROM

The Joint Hon. Secretary,
Indian Medical Association,
6A, Corporation Street, Calcutta,

To

The Secretary,
Drugs Enquiry Committe,
1 Council House Street, Calcutta.

Calcutta, 17th December 1930.

Sir,

We have the honour to acknowledge receipt of your circular letter dated the 2nd September 1930 with a copy of the questionnaire issued by your Committee for the members of the medical profession.

Our Association feels that whilst under other circumstances and in more favourable times the desirability of such an enquiry might be admitted, considerable misgiving prevails amongst the members of the independent section of the Indian medical profession as to its necessity at the present time. It is apprehended that some of the findings of this Committee will be used with the ulterior purpose of prejudicing the position of the infant drug industry in this country. This belief is strengthened by the fact that up till now very little effort has been made by Government to help this industry by State aid towards manufacture, or by supporting the consumption of the products by using them in Government hospitals. This indifferent attitude of the Government has been responsible for making India a good dumping ground for foreign drugs and preparations. It is widely believed that the nascent indigenous manufacturing concerns will not get justice through the Enquiry that

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has been set on foot and that many of them may be unjustly condemned. Colour is lent to this apprehension by the fact that although it was as far back as 1927 that the resolution for the appointment of such a committee has been passed by the Council of State it was not given effect to until a few months ago, when manifestations of a strong national desire for using indigenous preparations and drugs became noticeable. It is strange that for 150 years of British rule any such solicitude has been evidenced for the control of drugs in India. In 1929 out of Rs. 2,01,84,000 worth of drugs and medicines imported into India, medicines worth Rs. 88,99,000 came from the United Kingdom. It should be noted that though the Food and Drugs Act in U. K. makes it compulsory to examine all drugs and food substances consumed in U. K., the products for export to India are beyond the provisions of this Act. This apprehension is also to a certain extent supported by the fact that in the composition of the Drugs Enquiry Committee, although a place could be found for a representative of a British firm, no room could be found for a representative from an Indian manufacturing firm. Our Association apprehends that no useful purpose will be served by a committee constituted as it is, without properly qualified expert personnel to represent the various aspects of the chemical, pharmaceutical and biological drug trade.

In paragraph 3 of your letter under reference the following statement appears. "It is well known that many unscrupulous people realising that to analyse and standardise medicinal preparations requires experienced men and expensive and elaborate laboratory equipment, take advantage of this knowledge to carry out extensive adulteration, use inferior drugs, and in the case where raw material is expensive, purposely reduce the quantity that should be used in order to sell it at a low price. This is not only carried out in India but some European firms export medicines specially manufactured for the eastern bazars." Our Association finds it difficult to accept this statement in the absence of accurate and proper evidence. If this had been the real state of affairs, any effective control over them would mean the creation of well-equipped laboratories and test houses under the conduct of honest, impartial and competent men who enjoy the confidence of the public in different parts of India as a first and essential requisite. It is doubtful whether the Government would in the present state of financial distress be in a position to find money to give effect to the recommendations, which may be made in this behalf, in the near future. The detection and collection of samples etc. would require elaborate staff in addition to officers who would have to be employed in analysing and carrying on the standardisation of drugs and medicines in the different laboratories all over India. Whereas, on the one hand, we do not find the picture as gloomy as depicted in your statement quoted above, we do not on the other, see our way to support a scheme of control organised under

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Government, particularly as their attitude towards Indian manufacturers is not likely to be sympathetic and unbiassed. Further, there are ample reasons to apprehend that a quasi-official controlling body created by official legislation should only introduce an engine of oppression in a field in which signs of healthy development are already noticeable. And when the proper time came it may be desirable to appoint a sympathetic and enlightened, competent and interested controlling agency for the purpose of giving guidance and prompting to the progress of the young concerns through co-ordination and co-operation.

As regards the question of Enquiry preliminary to control, we are of opinion that the whole of the drugs and preparations trade should not be placed on one uniform level—there must be differential treatment for indigenous products including manufacture, from foreign products. The former should be carefully handled, nursed, helped, supported and encouraged in every way. No restricting or cramping or pruning and devitalising legislation should be made applicable to them at this stage. Guidance is required and must be provided with sympathy.

As regards foreign products imported into India, an enquiry might be desirable. But, as we have shown, the machinery required for giving effect to the findings and conclusions of the Enquiry would be extremely expensive and if formed under the prevailing circumstances, can hardly be expected to do justice to different parties concerned,

But the Association feels that the present political situation is not the proper time for introduction of legislation of such great importance. Before any legislative action is introduced, standards for the drugs should be set up and this can be done by the compilation of an Indian Pharmacopoeia by intensive research work. In the compilation of such a pharmacopoeia three categories of drugs will have to be incorporated ; (1) Preparations taken from pharmacopoeias of other countries, (2) those indigenous medicines which have been already scientifically studied and standardised and can therefore be forthwith incorporated and (3) those indigenous medicines which have been found efficacious on clinical trial but which require further investigation. This means that a good deal of research work will have to be carried out to obtain the necessary knowledge about these preparations and to determine their standard of purity and efficacy. *Pari passu* with research work extensive testing of drugs prepared in or imported into India will have to be done in various testing laboratories in different parts of the country. To establish standards, we shall have to study the methods developed by the various League of Nation Committees, American and German pharmacopoeias as also of those in Great Britain. This means that we shall have to devote at least the first ten years of this scheme to study and to research with a view to gaining exact knowledge. When this is obtained we will have to think of legisalative control. It will be seen

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therefore that no legislative control can be conceived for the present. It has been stated by some that India has been made a dumping ground for adulterated and inferior-quality foreign medicines, but we have no exact knowledge of the state of affairs prevailing. We do not know what preparations are adulterated to what extent and what preparations are understrength. Unless and until we have exact scientific information about it, legislative control could not be justified. We would like to point out in this connection that in the composition of the Pharmacopoeia Committee there should be included all the available talents and special workers in the country and that it should not be an exparte committee haphazardly made like the present one.

Our Association feels that owing to proverty, a very great bulk of the population in the villages and small towns resort to the indigenous systems of treatment. Though statistics as to the quantity of the different kinds of drugs manufactured locally and consumed are not available, the figures of the imported drugs and medicines available show that the western system of treatment can be only resorted to by a small proportion of the population only. It follows, therefore, that if any legislation is undertaken for ensuring the purity of drugs, it should not be confined to drugs used by one small section of the population, viz. those resorting to the Allopathic system of treatment only. As to how the drugs etc. prescribed or manufactured according to the indigenous systems of medicine could be tested, our Association has no suggestions to offer as they have practically no knowledge of these systems of medicines or of their pharmacopoeia.

Our Association is of opinion that the profession of pharmacy should be restricted to qualified persons. In this connection, our Association is of opinion that there should be provision for the training of pharmaceutical chemists and pharmacologists, because without such well-trained personnel, it would not be possible to utilise the enormous raw material that exists in India for the manufacture of drugs which are at present exported abroad and brought back to India in the form of finished products at a high cost. Onr Association believes that the best method of assuring the purity of drugs etc. at a cheap cost is by manufacturing them in this country with the help of trained staffs and under adequate supervision. Every possible means should be adopted to dovelop the pharmaceutical industry in this country, if necessary by bounties or protective tariffs. The various Universities in India may also be requisitioned for helping in the matter of training of pharmacists and pharmacologists. Pending the creation of the training facilities of these pharmacists and pharmacologists, every effort should be made to improve the training of the compounder class.

In conclustion our Association would like to point out certain difficulties with regard to the drug trade in India.: (1) There is no

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system of sampling of raw materials of good quality ; the result is that the manufacturer does not know how much of finished product of the required potency he would expect from a certain supply of raw materials. It is the duty of the State to develop this line of vast indigenous drug trade ; (2) Unnecessary restrictions and tortuous procedures are imposed by the Excise Department in certain provinces regarding the import of alcoholic medicinal preprations from other provinces. For example, the Governments of Bomby and Madras realise duty on all alcoholic medicinal preparations imported into their provinces and have developed intricate procedures in the issue of Import Permits and collection of duty on arrival at destination. It may be pointed out that in the case of alcoholic preparations imported into India from foreign countries, there is no restriction regarding the export from one province to another after the duty has been once paid at the port of landing. In this case alcoholic medicinal preparations manufactured in India have to work at a disadvantage when compared with similar foreign preparations introduced into India. Further, Indian made rectified spirits or absolute alcohol have been prohibited into the Punjab and restricted in C. P., U. P. and Bihar and Orissa. This is a great handicap for the manufacturers.

In this connection our Association would like to point out that a liberal supply of duty free alcohol should be allowed in all bonafide research laboratories engaded in medical research, if we conceive that it should be the aim of the Government to help the indigenous drug industry.

Yours faithfully,
Sd. K. S. Ray.

News & Notes

—:o:—

ALL INDIA AYURVEDIC AND UNANI TIBBI CONFERENCE.

The 17th session of All India Ayurvedic and Unani Tibbi Conference, founded by Late Hakim Ajmal Khan, will be held at Lahore during Easter Holidays, on 3, 4, and 5 April 1931, as decided by the Reception Committer, held on the 11th instant. The deligate coming to Lahore, can avail of the Railway Concession of Easter Holidays.

A strong Reception Committee, consisting of Vaidyas, Hakims and gentry, has been formed.

It is hoped that Vaidyas and Hakims from all parts of India will join the Conference and take part in the Exhibition also.

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THE IMPORTANCE OF THE TEACHING PROFESSION

Health a Great Factor.

Dr. Royal S. Copeland, for many years commissioner of Health for New York City, makes some very trenchant remarks regarding the necessity for good health in those who teach our children in school.

"To my mind, the teacher in many respects is the most important member of society. We trust the rearing of our children to the teachers. Not only the matters that are strictly educational, but their health, morals and social qualities are left to their teachers.

"One of the first essentials in the make-up of a good teacher is the possession of good health. To tell children how to be well and strong, he must practise what he preaches.

"Fresh air, sunshine, setting-up exercises, simple food and an abundance of sleep are as important for him as for his pupils.

"The exactions of school life are very trying. There should be relaxtion and entertainment for the teacher, just as for everyone else, and he should not be criticized if he gets them in a proper way."

Dr. Copeland is without doubt correct in all he says, and though his remarks may be directed to U. S. alone, they are equally applicable the world over.

The importance of the teeth to health is well established.

The use of a carefully and scientifically prepared tooth-paste will go a long way to protect health.

SIXTY SHY SCIENTISTS

They Talked of Sex Appeal, But They Called It "Psycho-Analysis And Biology.

It was a very secret meeting that 60 shy scientists held in a panelled room in Tavistock square, W. C.

They were members of the International Congress for Sex Research, and it was said that they had met to talk of Sex Appeal.

But would they admit it ? No !

To ask any one of the men or women who attended what it was all about was to be met with a guarded reply in any one of several languages, a hand raised in polite deprecation and a smile—of farewell.

THE PROFESSOR SAID—

For instance an "Evening Standard" representative approached Professor Crew of Edinburgh, the President of the Congress.

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"What are we discussing" he said. "Well—the name of the paper on the agenda is :

'*Psycho Analysis and Biology.*'"

"And," he concluded, "it is purely and utterly scientific. I really do not see how it can be democratised."

So it was pointed out to him that sex subjects were no longer "taboo" among lay men and women in these advanced days, and it was suggested that scientists might not guard the exchange of their knowledge and investigations so carefully.

THE REALM OF SCIENCE.

Professor Crew's reply was :—

"If these meetings had been thrown open to the public, some of the most eminent men and women in the world who are here would have refused to attend. They are so diffident about the subject of Sex Research going outside the realm of science and being treated as sensational titbits.

"What we are trying to do is to get the psychologist to get up on his feet and talk in the presence of the biologist, and the biologist to get up and talk in the presence of the psychologist in terms which each will understand. We want to invent a common Language for us all. Only so can we carry out parallel studies.

* * * * *

Then Professor Crew, as his fellow scientists had done, raised his hand in polite deprecation and smiled a final sort of smile that meant "Farewell."

Reviews and Notices of Drugs

—:o:—

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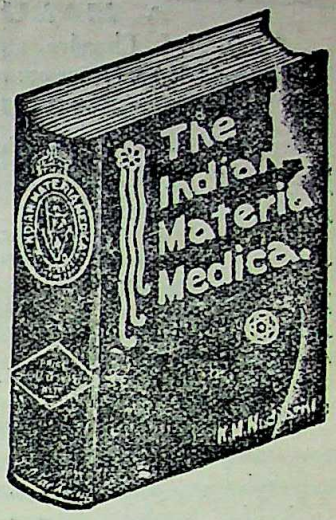
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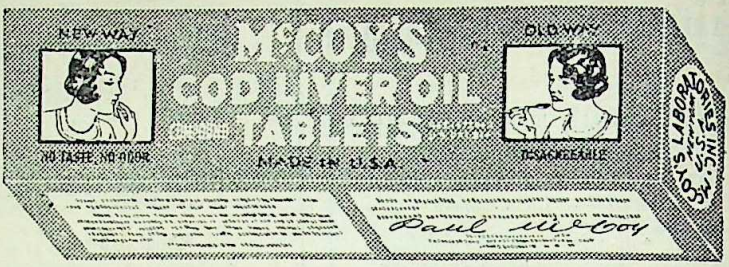
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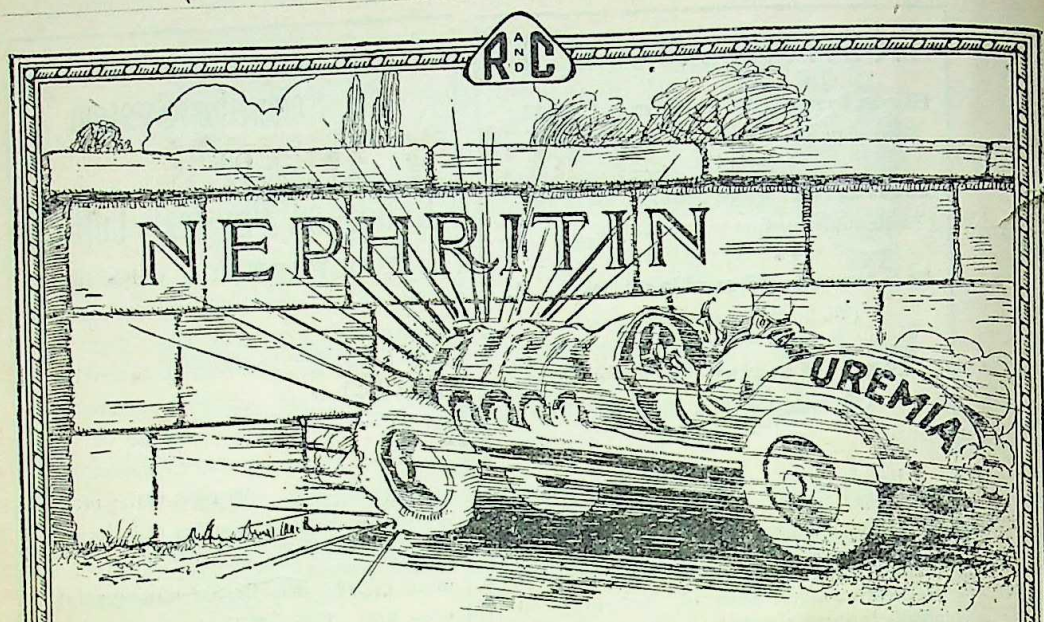
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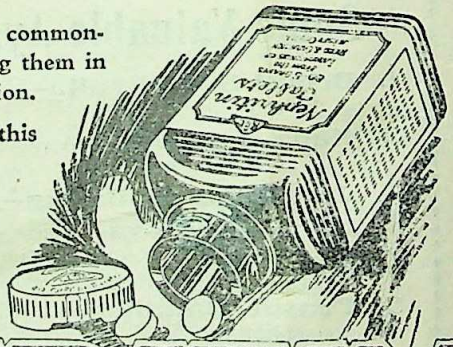
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THE JOURNAL OF AYURVEDA

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Evils of Tobacco

Through extensive advertising and other insidious means, the manufacturers of tobacco in this country have increased its use to such an extent that it has become a grave menace to the physical, mental and moral welfare of our people. Undisputed scientific facts show that tobacco is a heart poison, a muscle poison and a nerve poison and greatly lessens accuracy and endurance, prevents proper development of growing youth and lessens the birth rate ; hence is a race poison as well as a damage to individual users. It would certainly be unreasonable to expect any increase in maximum longevity or in the number of persons who attain the age of eighty years or more as long as tobacco is as widely used as at the present time.

That tobacco exercises a particularly destructive effect upon the blood vessels has long been known. Boveri gave nicotine to rabbits for eighty-four days, and found hardening of the blood vessels. Extensive hardening of the arteries was found in a boy of seventeen who was a great cigarette smoker.

Tobacco causes temporary constriction of the blood vessels, with the pain and other agonizing symptoms characteristic of angina pectoris. Brooks states that these anginal pains sometimes appear with the first cigar, but usually develop later.

Kreuznach has pointed out that contraction of the vessels of the intestines and other abdominal organs, with extreme pain, may be due to the same cause.

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The heart nerves do not become accustomed to the drug by use, but, on the contrary, become sensitized so that the poisonous effects are produced by smaller doses than at first. Brooks relates a case in which a heavy smoker had become so sensitized that he could not enter a room containing tobacco smoke without being seized with an anginal attack. He was, of course, compelled to cease smoking.

According to Huchard, the anginal attacks produced by tobacco have proved fatal.

TOBACCO KILLED A SCIENTIST.

Thomas H. Huxley was one of the greatest scientists of his day. He was conspicuously successful in research in various fields of knowledge. In his teaching and writing he always urged careful observation and accurate reasoning. He made a vast contribution to science, having written about one hundred and seventy-five scientific memoirs, besides numerous essays and books. Notwithstanding his intimate acquaintance with animal life, he was amazingly ignorant about the care of his own body. His poor health interfered with his labours in his fifties and at the age of sixty, he had a complete nervous breakdown. He lived to be seventy but his last ten years were spent in semi-invalidism. There is no doubt that his constant use of tobacco was in part to blame for his disability. He even had his picture engraved with his pipe in his mouth, showing that he regarded this as a characteristic attitude. At the age of sixty-three, he gave up tobacco and wrote to a friend : "I am also very much afraid that abolishing tobacco has had something to do with my amendment."

Huxley felt compelled to acknowledge the fact that tobacco is a poison, unwelcome as it was, for he had become a slave to its narcotic spell. Having made the discovery, and having in his own person the evidence of the pernicious character of the subtle poison, why did he

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not at once start a campaign against its use so as to save others from the injury he had himself suffered ? He was a mighty champion of scientific truth. Though assailed by Gladstone and other leaders of public opinion, he stood his ground and uprooted many long established errors. But strangely, he was "afraid" to face the fact that tobacco was an enemy instead of a friend, a poison, a destroyer of health and life. And he seems also to have lacked the courage to make known to the world his discovery as a warning to others whereby they might escape the catastrophe which had befallen him.

And what a spectacle ! A scientist, a philosopher, one of the world's greatest thinkers and teachers, destroyed by a tobacco pipe. If he had been killed by an accident, how deeply the event would have been deplored, and no expense would have been spared to prevent a recurrence. But not a thing was done to that old smoke-blackened pipe which ruined the health and shortened the life of one of the intellectual giants of the last century.

If Huxley had waged as vigorous a war against tobacco as he did against the scientific errors of his age, perhaps the world might have been saved the degrading bondage to the cigarette by which both the men and the women of the present generation are being overwhelmed.

When an ordinary man wrecks his health, it is chiefly his own affair and that of his family, but Huxley's break-down was an inestimable loss to science and the world. With his strong constitution, he could probably have added twenty years to his productive period by right living. Tobacco is a killer, an assassin and a robber. It is against the physical, mental and moral welfare of the world.

Tobacco and America.

The vicious attempt of the tobacco companies in America in their advertising to create a prejudice against

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foodstuffs and in favour of tobacco, has led to a vigorous response by the National Food Products Protective Committee, which is using whole pages in the *New York Times*, in exposing the destructive propaganda of the tobacco mongers. Writes *Good Health* :—

"If the owners of our newspapers are so greedy and so lacking in moral sense as to be willing to co-operate with the tobacco dealers in their campaign to debauch American youth, and if the editors are too cowardly to expose the infamous business, the only way left is for public-minded citizens to buy newspaper space, in which the truth may be told about tobacco and about those conscienceless conspirators against the health and lives and morals of the American people."

Smoking Causes Gastric Disorders.

A study of the increasing incidence of tobacco smoking and its possible relation to the increasing frequency of functional gastric disorders has been made by Dr. Irvin Gray, the results of which are reported in Annals of Internal *Medicine*. Among the conclusions reached as a result of this study were the following :

"Tobacco smoking should be considered an etiological factor in gastric functional disturbances. Individual sensitivity rather than the amount of tobacco consumed, appears to be the determining factor as regards sypmtomatology. Approximately one-fourth of individuals with gastric functional disturbances attributable to tobacco smoking show a hyper-acidity, and about one-fifth a sub-acidity. Clinical improvement in patients with gastric ulcer is liable to occur only after cessation of smoking: The withdrawal of tobacco in these patients is, according to Doctor Moynahan, most advisable."

Pasteur Opposed Tobacco.

Of the master minds who have lived in the last century not one stands higher in the esteem of scientists and laymen alike than does Pasteur. His discoveries contri-

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buted more to the saving of human life than those made by any other man. He was not only a keen observer, but a profound thinker—a philosopher, although a chemist by profession. He created a wholly new science—Bacteriology—and opened a new world of being to the study of which thousands of experts now devote their lives in more fruitful efforts to protect the lives and health of millions of people living in great cities, by examinations of water and milk supplies and in a hundred other ways.

It is interesting to note that this great man was greatly opposed to the use of tobacco. His former associate, Roux, writing of his medical work (*Scientific Monthly*) in his laboratory, says "About two o'clock Madame Pasteur sent for him, else he would have forgotten to go to the Academy and to the committees of which he was a member. Then we spent the afternoon in making the experiments agreed npon, interrupting ourselves only in order to allow Chamberland to smoke a pipe. *The master had a horror of tobacco and we smoked only in his absence.*"

"JUVENILE SMOKING IS NOT AN OFFENCE, BUT A CRIME."

ASTHMA.

By a Physician.

Asthma is one of the mystery diseases, and it is impossible to lay down any general rules for sufferers as each case is different.

It is often associated with bronchitis ; it many occur in people of all ages and is more frequent in men than in women.

An asthmatic on holiday must take care to avoid the particular cause of his attacks. Usually starchy foods should be avoided, also strong tea. Green vegetables, especially quantities of fresh lettuce, have been found very good for asthma.

A warm dry climate suits many asthmatics, but by no means all. A seaside is better than an inland resort, because there are less irritants in the atmosphere.

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Original Articles

AYURVEDIC THERAPEUTICS

OR

THE THEORY OF RASA, VIRJA, BIPAKA & PRAVABA

BY

VAIDYABHUSANA PURUSOTTAM SASTRI HIRELEKER,

AMRAOTI.

(Continued from our last issue).

Milky Juice Class :—The usage of the milky juice is indicated of those that have got mainly and abundant milky juice. Juicy fruits are effective on the Rasa Dhatu and the reservoir of Rasa—Heart.

The above will help to form some idea of the general guiding principle of the usage of various parts of herbs as also specialities of particular herbs on particular diseases.

Different Qualities of substances and their Relation to the five elements.

The various properties in substances made up of five elements and the actions effected in the union of such properties with the body are due to the Elemental (Panchabhautic) Dhatus. With regard to these, the elemental description, which if understood, will help to understand the direction of the use on the body and the underlying principle of their properties. The information given is as follows:—

Veerya or the quality of the substance workable on the body is eightfold—

तत्र य इमे गुणवीर्यसंज्ञकाः शीतोष्णस्निग्ध रूक्षमृदुतीक्ष्णपिच्छिलविशदास्तेषां तीक्ष्णोष्णवायग्नेयौ शीतपिच्छिलावंबुगुणभूयिष्ठौ पृथिव्यंबुगुणभूयिष्ठः स्नेहः तोयाकाशगुणभूयिष्ठमार्द्रं, वायुगुणभूयिष्ठं रौक्ष्यं चितिसमीरगुणभूयिष्ठं वैशद्यं चेति। (सु. सू. अ. ४१—१६.)

Amongst the eight properties known under the name of Veerya—cold, hot, greesy, dreary, soft, violent, phlegmatic and

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clear, both cold and phlegmaticism are made up of from abundance of the element Water, violence and hotness from Fire, greese from Earth and Water, softness from Water and Ether, dreariness from Wind, and clearness (cleanliness) from Ether and Wind. These are the eight properties.

In this way generally, the elemental properties have been enumerated. But this much will not suffice. Because, amongst them, there is more or less difference in each, and some gradation, and the same depends upon the degrees of the properties of the productive elements. Severity and hotness are from Fire. But the former possesses excitation but the same is not felt in the latter. This is, therefore, the difference between two viz. of the degrees of the Fiery Property. Amongst Coldness and Phlegmaticism, the latter is quite different, as the same requires solidity, which cannot exist without any earthen substance therein, though in lesser degree. Just as the relation with the elements denotes the chief Rasa and suggests from the same broadly the bodily action of the Rasa, in the same way, these eight kinds of Veerya are to be understood roughly. In accordance with the various degrees of the elemental particles in each substance, there is variety of mixture of Rasas and thereupon depends the gradation of the properties. This variety brings variety in action. This view proves the infinity of Veerya. Or, if we take two or eight kinds of Veerya denoting a common action, this infinity of Veerya or variety in each substance can be styled as Prabhava, and the same is essential for the use of a substance. In the different parts of the body, there is abundance or mixture of these different qualities, and substances similar to these qualities act upon them. Such qualities have been said to be of twenty kinds. They are :—1. Heaviness, 2. Lightness, 3. Slowness, 4. Violence, 5. Coldness, 6. Hotness, 7. Greesiness, 8. Dreariness, 9. Smoothness, 10. Roughness, 11. Softness, 12. Hardness, 13. Steadiness, 14. Moveability, 15. Solidity, 16. Liquidity, 17. Minuteness, 18. Bulkiness, 19. Clearness, and 20. Slipperiness. After having realized those twenty qualities of all substances, mention of those substances has been made as per their similarity with the parts of the body. These qualitities are really varieties of Veerya. Veerya means the effect of the substance upon the Rasa Dhatu and the blood. It pervades the whole body. Therefore, many qualities arising from these will come under common qualities, but the particular

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effect of these qualities in a certain part of the body will be called Prabhava. Such has been fixed the arrangement. In the healthy condition, Prabhava cannot be experienced. Because, if a certain substance produces a disease, it will be afterwards understood as its Prabhava, and after the disease has passed away by a substance, it will be considered as its disease dispelling Prabhava. Therefore, Prabhava cannot be experienced in a healthy condition. But Prabhava alone is a property worth knowing. Any important good or bad action of the substance must be known, and the knowledge of the same is Prabhava. The direction of the use in Medicine of Rasa, Veerya, Vipaka and Prabhava is generally as follows :—

1. Prabhava is tbe chief quality and its knowledge is the chief thing. 2. But at the same time, the whole-bodily action of the substance is Veerya. 3. Means of determining this whole-bodily action of the substance (viz. Veerya) is Rasa, *i.e.* the quality clearly perceivable on the tongue. 4. And the change of the same into the other Rasa by digestion is called Vipaka. In scientific words it can be said as Rasa's special form is Vipaka, which is really the Rasa in the lasting stage. Because, the action of Veerya happens to be in accordance with the same, Veerya is the general action and Prabhava the particular one. That is to say, Veerya is the goal of the substance and the means to ascertain it is the knowledge of Rasa. Rasa itself has two varieties—one general and the other particular, of which the latter is Vipaka. The same thing is with Veerya and its particular variety is Prabhava. In this way, the knowledge of a substance is chiefly two-fold. The changed state of Rasa (Vipaka) must be understood, as even though Rasa is known, if it is changed in digestion, properties inferred from Rasa are useless. So also, having understood general action from Veerya, if its effect on a particular part of the body is not known, the same is useless. In this way, the knowledge of the general and the particular action of two qualities of substances—Rasa and Veerya, is essential in Therapeutics.

Even though Rasa is known, if Vipaka makes a change in it, Rasa is useless. Vipaka is, therefore, superior to Rasa, and even though general whole-bodily action is known from Veerya, the particular action or Prabhava in a particular part of the body is more important. Therfore this has been given the rule :—

रसं विपाकस्तौ वीर्यं प्रभावस्तान्व्यपोहति। (अ. हृ. सू.)

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meaning, Rasa is kept off by Vipaka, Rasa and Vipaka are both expelled by Veerya, and all these three have been surpassed by Prabhava.

With all this, the relative action of Rasa, Vipaka, Veerya and Prabhava annulling each other, their local effect is in more or less degree necessarily required to be experienced. Even if Vipaka of a pungent substance is sweet, and by the same even though the action of Rasa may not be effective, due to the pungent Rasa, digestion, oozing, excitation, etc. are sure to be felt in the mouth (organ of taste) and the throat (the oesophegus). So also substances such as ginger, long pepper, etc., being sweet by Vipaka and having all their whole-bodily actions according to the hot Veerya and not by sweet Vipaka—in the organs of digestion, intestines, the action of sweet Vipaka is sure to be perceived. With regard to Veery also, even if Prabhava or the special action is felt in a particular part of the body, its whole-bodily effect is also sure to take place and even if a substance has no noteworthy Prabhava or special action, Veerya will affect a particular part in more or less degree. In this way, every substance is active in more less degree by Rasa, Vipaka, Veerya and Prabhava. Amongst these, the principal will be chiefly mentioned. If the substance is sweet, its Vipaka is sweet, Veerya is also cold in accordance with it and if its action is only to produce coldness in general, only the mention of Rasa is sufficient to understand all others and, therefore, others are not mentioned. Some substance changes its Vipaka. Then Veerya and Prabhava being in accordance with the same, the mention of only Rasa and Vipaka is made and others are to be inferred. If Veerya is not in accordance with Rasa and Vipaka, Prabha is also required to be mentioned for the same. Rasa is always required to be mentioned chiefly. That is to say the mention of Vipaka alone becomes optional. On looking at the Therapeutical work—Nighantus—it will be seen that the descriptions of substances have beeu made with this principle. If the special (Prabhavi) properties are of greater importance, they alone are clearly stated and only some other properties which can be understood by inference (such as Veerya, etc.).

Medicines which are actually disease-curing, such as anti-pyretics, asthma-curing, abdominal-tumour-curing, diarrhoea-curing, ascites-curing, diuretics, diaphoretics, those checking Diaphoresis, purgatives, emetics, aphrodisiacs, etc., which are

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clear and important must be fully mentioned and are so mentioned in the works. But along with them some properties inferable from Veerya are also given; and in this way so to say an intermixture of both these properties has been made in the description. Mainly for this sake, general terminology is required to be resorted to to understand the gradation of properties, and to ascertain from amongst them the important and the ordinary ones. While reading the properties, those which are given in accordance with Rasa, Vipaka and Veerya are common and the special one in them is Prabhava. If the properties are viewed in this light, there will be no confusion. Veerya and its local effect is required to be more clearly understood. Because, as said before, the action of substances means Veerya, and Rasa and Vipaka are its means.

The following examples will explain the matter very clearly :—

1. PARPAT (Fumeria Parviflora).

Properties (Dhanvantari Nighantu) :—

पर्पटः शीतलस्तिक्तः पित्तश्लेष्मज्वरापहः ।
रक्तदाहारुचिग्लानिमदश्रमविनाशकः ॥

Parpat is cold by Veerya, bitter, diminisher of Pitta and Kapha, and curer of fever, and remover of heat, loss of appetite, exhaustion, coma and giddiness.

Let us think over this description by Ayurvedic methods. Parpat has a bitter taste and, therefore, it follows by the general rule that its Vipaka must be Katu or pungent

(तिक्तोष्णकषायाणां विपाकः प्रायशः कटुः । (अ. हृ))

and Parpat has also pungent Vipaka and, therefore, it is not specifically mentioned. Veerya of bitter Rasa according to the general rule must be cold

(तिक्तः कषायो मधुरस्तद्वदेव च शीतलः । (अ. हृ.))

Then again mention of Veerya has been made because Parpat is cooler than the generality of bitter Rasas. A bitter Rasa is not as cool as other Rasas, but Parpat though of a bitter taste is very cold and that is why its coolness is specially expressed. Afterwards, the general bodily effect of this Veerya is given as follows :—

Parpat is a diminisher of Pitta and Kapha. It is no wonder that it diminishes Pitta as it is possessed of cold Veerya, but how

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is it that it can diminish even Kapha? Both Parpat and Kapha are cold, and by the general rule 'वृद्धिः समानैः सर्वेषाम्', should it increase Kapha or decrease it? But it is necessary to bear in mind one thing which is already suggested in describing the Rasas, namely, that the coldness of bitter Rasa is such only that it does not possess heat. A bitter Rasa is produced out of Ether and Wind. It has no heat, nor has it also qualities of Earth and Wind and, therefore, this Rasa does not increase Kapha. On the contrary it helps to decrease greesiness and heaviness and by the same qualities diminishes Kapha. It being possessed of the general qualities of Ether and Wind, brings looseness to nerves, but does not create heat. This is what is meant by the statement that Parpat is cold and diminisher of Kapha as well as diminisher of Kapha and Pitta. The contradiction is only apparent, but its unanimity will clearly help to understand the thing. It is necessary to bear in mind that Parpat which diminishes Pitta because it is cold, is originally bitter and not a sweet one. Sweet things are not only cold but are generally greesy and, therefore, while diminishing Pitta, greesiness that they create is required to be experienced. But when a disease appears owing to the increase of liquidity and greesiness of Pitta and even coldness is necessary for destroying the burning heat of Pitta, greesiness is not only useless but it will cause harm. The remedy in such circumstances is to only useless but it will cause harm. The remedy in such circumstances is to use medicines such as will not only decrease the heat of Pitta but will also decrease liquidity and greesiness. Such medicines are always required and the bitter Rasa possesses this quality. As many of the diseases of Pitta arise in its spoiled liquid from, bitter Rasa is the main amongst those that appease Pitta. Fever is clearly an example of a spoiled state of Pitta. There is indigestion, obstruction of the intercellular spaces and burning heat in fever. The burning heat that is felt makes it clear that there is an increase of Pitta, but the increase of Pitta does not merely mean an increase of heat. Fever is caused by the increase of liquid Pitta and by the obstruction of intercellular spaces. In describing the symptoms of fever, obstruction of sweat has been given along with burning heat. It is quite clear that this is no pure heat. Bitter Rasa being dreary, removes all Pitta-janya diseases such as obstruction of sweat and greesiness, indigestion, and liquidity of spoiled Pitta. It is, therefore, that this Rasa has been indicated in fever, etc. Giddiness, coma and other

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diseases which are produced from Pitta are cured by the appliance of bitter rasa, because these Rasas are diminishers of Pitta. Still, it must be considered in which of all these, particularly Parpat, will be effective. From the mention of its Veerya, it is clear that it has such Veerya that it will cure the diseases that are produced by the liquid Pitta and having the help of Kapha in this condition. Fever has been mainly given among such diseases. It will, therefore, be a powerful (Prabhavi) medicine in fever. If the bodily similarity is taken into consideration, Parpat is mostly a Parnamaya (leafy) herb (full of leaves). It is, therefore, natural that it should act more on the Skin. The stems on which Parpat grows are empty, and in its leaves or even in the whole body there is not much liquid even in their fully developed stage. This will help the reader to understand the point by which the substance is said to be very dry. Now, if the properties of Parpat are read in this light, it will be seen that :—

1. As its Rasa and Vipaka are bitter, it cleanses the mouth and digestive organs, and thereby removes loss of appetite. (The bitterness of this substance is limited).

2. Its Veerya is cool, i. e., it is not burning hot, and, therefore, not assisting the increase of Pitta. But dreariness, lightness, etc. which are the qualities of its Rasa show that it is the diminisher of Kapha, and diminisher of Pitta, meaning thereby the dispeller of diseases which are caused from the obstruction of intercellular spaces and burning heat (or diminisher of Kapha and Pitta together). This is the reason of its curing fever, coma, giddiness, etc.

3. The disease that it cures is opposite to its Veerya, and being full of leaves, it is more useful upon fever which is felt through the Rasa Dhatu and the organ of touch (skin). Curing fever has been said to be the Prabhava of Parpat. This is why 'मुस्तापर्पटकं ज्वरे.....।' or Musta (cyperus scariosus) and Parpat (Fumaria Parviflora) have been said to be very efficacious in fever.

2. *Musta* (Cyperus scariosus)

(Dhanvantari Nighantu & Raj Nighantu).

तिक्ता नागरमुस्ता कटु कषाया च शीतला कफनुत् ।
पित्तज्वरातिसाररुचिहृद्दाहनाशनी श्रमहृद् ॥ १ ॥

Musta has a mixture of bitter, astringent and pungent taste, is cool by Veerya, diminisher of Kapha, and Pitta, and curer of

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Pittajwara (Excessive fever and heat), Diarrhoea, loss of appetite, thirst, burning heat and exhaustion. There is no Vipaka given here. But by the general rule of these three Rasas, it is pungent. But with all this, its Veerya has been told to be cool. This coolness is, therefore, nothing like that of the Madhura or sweet Rasa, and therefore, by its dreariness and cleanliness which are contrary to greesiness, it becomes the diminisher or Kapha. There are mainly in this substance in a mixed from (1) cleanliness of the Bitter Rasa, (2) Violence of the Pungent Rasa, and (3) Contractability of the Astringent Rasa. The properties of every Rasa amongst these are sure to effect upon Veerya in more or less degree, that is to say, though it is cold by Veerya, some quantity of cleanliness, contractability and violence that are inferrable from the Rasas is sure to remain there and, therefore, this cool Veerya means nothing more than 'not increasing heat.' It has not as much coolness as the Parpat has. Besides it is rather stimulant on account of its pungent taste and has purifying and contracting qualities on account of its astringent taste. That is to say, Musta is penetrating, purifying without burning and somewhat contracting and its actions are fixed from the qualities of this mixed Veerya.

There is one common but important quality in it, viz., diminishing Kapha and Pitta. It dispels the dual disorder (1) of the fermentation (विदग्धावस्था) of Pitta, burning heat and excitation, and (2) Greesiness of Kapha and the obstruction of the intercellular spaces caused from the same. Parpat also does the same. But Musta does it more. It has violence and is, therefore, somewhat strong in its effects and constipating or contracting which together go to stop the excitation from burning heat, and thereby Diarrhoea, Thirst and Exhaustion are stopped. Musta possesses these properties more than Parpat. Had its astringent taste been independent, it would not have been so beneficial, but being associated with pungent and bitter Rasas (tastes) its restraining (श्रोमसंस्तंभन) property, a merit or demerit, does not become harmful, but on the contrary it helps the purifying action. Stambhana means only so little a contraction that is necessary not to cause giddiness after the purifying action is effected. The Dhatus of the body as well as the intercellular spaces get excited from purification or by the production of Pitta from violent substances or bodily disorder, and then weakness—looseness—follows. To remove this means removing of exertion. In this way Musta

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is effective by the Astringent Rasa that exists in it in a mixed form. It should, however, be used in disorders of Pitta only as it is somewhat restraining (stambhana). This quality is essential here only as in the diseases of Kapha, this quality becomes a disqualification. In this consideration, Musta is the diminisher of Pitta *i.e.* Vidagdha Pitta (fermented liquid). Curing fever is its important quality, as though it is the diminisher of Kapha, it is cool. Its pungent Rasa immensely helps to clear off the obstruction in the intercellular spaces, indigestion and the Ama poison produced from the same. It contains this purifying property more than any other substance which has pungent Rasa alone. But on account of the bitter Rasa associated with it, its use has been restricted to the diseases of Kapha and Pitta (together). In the diseases of Kapha alone, the astringent Rasa which is restraining becomes harmful. For this reason, Musta is effective in the Pittaja (hot) fever and not anywhere else. If the whole above delineation is taken together into consideration, we will come to the conclusion that—curing of the Pittaja Fever is the special quality or Prabhava of Musta. Besides this, its common properties are to appease Burning Heat and tranquil thirst which are caused form Pitta ; it is digestive, especially dispelling the burning indigestion and the excitation therein ; it will be more effective in the Pitta fever or the diseases from excess of Pitta, because in the Pitta fever or other diseases of Pitta alone, there is no contrarity to the action of diaphoresis. In fevers other than Pittajas, diaphoresis is essential, and this astringent property of Musta is useless there or rather contrary. Even though its quality of curing fever has been mentioned in a general way, this speciality ought to be borne in mind.

ऊष्मापित्तादृते नास्ति ज्वरो नास्त्युष्मणा विना। (अ. हृ.)

(There is no heat without Pitta and there can be no fever without heat. This proves that fever arises through excess of Pitta). With regard to this general rule about Pitta-diminishing quality, Musta has been mentioned as fever-curing. Its properties must, however, be availed of in accordance with its Rasa and Vipaka.

3. *Gudoochi* (Tinaspera cordifolia), (Dhanvantari and Raj Nighantus).

Text-Properties.

गडूची खरसे तिक्ता कषायोष्णा लघु स्मृता।
निदोषजंतुरक्तार्श: कुष्ठज्वरहरा परा॥ १॥

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गुडूच्यायुष्यदा मेध्या तिक्ता संग्राहिणी बला ।
ज्वरतृट्कफवातासृक्कृमिमेहविदोषजित् ॥ २ ॥
गुडूची कफवातघ्नी पित्तमेदोविशोषणी ।
रक्तवातप्रशमनी कंडूवीसर्पनाशिनी ॥ ३ ॥

(Gudoochi is bitter and astringent by Rasa ; hot by Veerya ; light, diminisher of Kapha, Pitta and Vata, Tridoshas ; it withers fat ; is invigorating and contracting and curer of fever ; tranquiller of thirst, curer of anaemia, gout, vomiting, diseases of the urinal organs, itching, erythema, worms, and skin diseases.)

Now while considering these properties, naturally a question arises, as to how can Gudoochi diminish all three Doshas ? Because, every Dosha is by some qualities contrary to the other. Vata is dreary and Kapha is greesy ; Kapha is cool and Pitta is hot, etc. Then what is the sense that one substance alone diminishes three Doshas which are contrary to each other ? When first it is told that Gudoochi is the diminisher of Vayu, that of Pitta and and that of Kapha each separately, what more remains to be diminished that it is also said as the diminisher of Tridoshas ? So also the various diseases that are said to be cured by Gudoochi are produced in different places by different disorders of organs of senses, and by different causes. Then, how can one substance prove effective on all these in different places. Is Gudoochi equally effective on all these or is it generally effective on some and specially on some ? Fever is produced from the disorder in the small intestines (पच्यमानाशयः) and the skin or the रसवाहिनी and Prameha from the disorder of the urinary organs What is the sense that one medicine alone acts upon these different parts ? To answer all these queries, Rasa, Vipaka, Veerya and Prabhava must be well considered.

(*To be continued.*)

"FASTING A FALLACY"

Expert Declares That It Is No Help to Rejuvenation.

Dr. Max Rubner, a famous physiologist, in an address to the Prussian Academy of Science, has exploded the belief that occasional fasting days rejuvenate the body.

He said that such cures are based on an entirely erroneous theory that fasting breaks down the weaker material of the body cells, which later, through suitable nourishment, can be built up afresh.

"Fasting may be fashionable, but when aimed at rejuvenation it has no scientific support," he declares.—*Exchange.*

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ASTROLOGY IN HINDU MEDICINE

BY

ASHUTOSH ROY, L.M.S. (Hazaribagh).

(Continued from our last issue)

Strength of Luna in relation to "Paksha"

1st to 10th day of full moon fortnight—Moderate

11th day of full moon fortnight to 5th day of no moon fortnight —very strong

5th day of No moon fortnight to Amabasya —slight

The effect of Luna when associated with a good planet is good, otherwise not.

Relation between 2 planets and effects.

(1) *Sextile*—2 planets separate by 60°. Such aspect is moderately friendly. The benevolence is hidden and not manifest.

(2) *Quartile*—2 planets separated by 90°. Such aspect is moderately unfriendly but hidden and not open.

(3) *Trikone or Trine*—2 planets separated by 120°. Such aspect is warmly friendly and perfectly benevolent.

(4) *Opposition*—2 planets separated by 180°. Such aspect is unfriendly.

(5) *Semi-sextile*—2 planets separated by 30°. Such aspect is slightly good.

(6) *Semi-Quartile*—2 planets separated by 45°. Such aspect is evil.

(7) *Semi-Quin-Quartile*—2 planets separated by 135°. Such aspect is evil.

(8) *Quintile*—2 planets separated by 72° such aspect is slightly good.

(9) *Bi-Quintile*—2 planets separated by 144°. Such aspect is slightly good.

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Movements of planets

The aspect or dristi is affected by movements of planets, hence there is change in every moment of life, which is always changing within limits.

Every planet has 2 kinds of movements :—

(1) *Indirect*—It pertakes of the general movement of heavenly bodies (apparent movement), e.g. rising in the East and setting in the west. It is apparent or relative movement in respect of certain fixed point in the Earth.

(2) *Direct*—It varies in rapidity, sometimes it is retrograde and sometimes nil.

Thus Luna completes the circle (360°) in 28 days and Saturn in 20 years.

This motion of planet is particularly important in diseases. Acute disease with a rapid course is governed by Luna. Chronic disease with slow course is governed by others. If a planet which influences the disease becomes retrograde, the patient gets worse.

Hour of day and week.

Every planet has its hour in which it is dominant, subject to the dominance of the planet that rules the house. Every planet dominates the day of the week.

Thus Saturn dominates on Saturday, subject to the influence of other planets to a slight degree.

Saturday 1st 8th 15th and 24th hour—Saturn
2nd „ Jupiter
3rd „ Mars
...
7th „ Luna
(in rotation)

Every undertaking should therefore be begun in the day and hour dominated by the planet which is auspicious to that particular work.

Measure of dristi of a planet

3rd and 10th house—¼th dristi (moderate strength)
5th and 9th „ —½ „ (very good)
4th and 8th „ —¾th „ (good except Mars)
7th „ —full „ (benign)

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Exception—

Saturn has full Dristi on 3rd and 10th houses
Jupiter " " 5th and 9th "
Mars " " 4th and 8th "
There is no "dristi" in the remaining houses.

Dristi of Rahu.

Rahu has a retrograde movement.

It has full dristi (backward *i.e.* with the hands of a clock) on 5th, 7th, 9th, and 12th houses

¾th dristi on 2nd and 10th houses

½ dristi on 3rd, 4th, 6th, and 8th houses

No dristi on 1st and 11th houses

N. B.—Ketu has no "dristi"

With reference to sign of the Zodiac

Each sign has 16 divisions :—

(1) Whole sign—Lord of body—30 degrees

(2) Hora or half sign—Lord of wealth—15 degrees

The owner of each "hora" is either Sol or Luna

1st half of odd sign } belongs to Sol
2nd half of even sign }

1st half of even sign } belongs to Luna
2nd half of odd sign }

(3) Third part of a sign—Lord of brother, 10 degrees.

Lord of 1st third—Lord of the house
Lord of 2nd third—Lord of 5th house
Lord of 3rd third—Lord of 9th house

as follows :—

Name of sign.	*Lord of 1st third.*	*of 2nd third.*	*of 3rd third.*
Aries	Mars	Sol	Jupiter
Taurus	Venus	Mercury	Saturn
Gemini	Mercury	Venus	Saturn
Cancer	Luna	Mars	Jupiter
Leo	Sol	Jupiter	Mars
Virgo	Mercury	Saturn	Venus
Libra	Venus	Saturn	Mercury
Scorpio	Mars	Jupiter	Luna
Sagittarius	Jupiter	Mars	Sol
Capricornus	Saturn	Venus	Mercury
Aquarius	Saturn	Mercury	Venus
Pisces	Jupiter	Luna	Mars

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(4) 4th part of a sign—Lord of $7\frac{1}{2}°$ represents fortune
(5) 7th „ „ „ of $4\frac{3}{4}°$ „ children
(6) 9th „ „ „ of $3\frac{1}{3}°$ „ wife
(7) 10th „ „ „ of $3°$ accidental benefit
(8) 12th „ „ „ of $2\frac{1}{2}°$ father
(9) 16th „ „ „ of $1\frac{7}{8}°$ happiness and equipage
(10) 20th „ „ „ of $1\frac{1}{2}°$ worship
(11) 24th „ „ „ of $1\frac{1}{5}°$ learning
(12) 27th „ „ „ of $1\frac{1}{10}°$ strength
(13) 30th „ „ „ of $1°$ calamity and death
(14) 40th „ „ „ of $\frac{3}{4}°$
(15) 45th „ „ „ of $\frac{2}{3}°$
(16) 60th „ „ „ of $\frac{1}{2}°$

In relation to stars

10th from birth star—presides over occupation
16th „ „ „ „ disease
23rd „ „ „ „ death
25th „ „ „ „ mind
and so on.

There are lords of each of these subdivisions. Hence to calculate all, these should be taken into account.

In examining a house we must therefore note :—

(1) Strength, aspect, connection of Lord of House
(2) House seen or occupied by another planet
(3) Natural quality of a house viz. its lord and planets
(4) Whether the influence is altered by other planets
(5) Finally there are special "Joga" or appointment or combination which are unlimited.

We can calculate the first four factors by pains-taking labour, we can learn the specific effects by reading as many authorities on astrology as possible.

Finally in judging a horoscope we must remember the position of the man in society, country and the world.

The rationale of Astrology.

The whole science of astrology depends on the influence of luminous rays united in different degrees by different planets from the stars and planets. Hindus believed that body and mind are both material alike influenced by the planets and stars.

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EMOTIONS

OR

THE SUBTLE FORMS OF THE DOSHAS

BY

SHIV SHARMA, AYURVEDACHARYA,

(*Prasad Bhawan, Railway Rd., Lahore.*)

There was a day when the Ayurvedist was made a laughing stock for his belief in the theory that fear, anger, happiness, and other such factors that influenced the mind were very closely connected with the physiological functions of the individual. Although the Western Science had nothing to say in the affair except something very vague and general when a man died of shock on hearing the death of his son ; although the science of Ayurveda with its Tridosha theory gave a very simple and consistent explanation of the same case in the terse aphorism काम-शोक-भयाद् वायु: attributing the death of the father to the sudden derangement of the most important physical factor Vayu caused by a sudden invasion of the mind by a drastic emotion called शोक (grief or despondency) which is directly proportionate to Vayu ; the votaries of the Western medicine continued to doubt the validity of the fact that the relations between the mental emotions and physical conditions are very intimate.

Then sprang a discovery from the West, wearing purely Tridoshic colours and appearing more Ayurvedic than allopathic. The adrenal glands of an individual in a state of anger were observed to secrete a fluid which was in itself capable of producing anger even if it got secreted by some other cause ; so that the secretion from the adrenals and the state of anger were directly proportionate to each other and existed as mutual causes and effects.

This announcement, however, was no discovery to the Ayurvedists who knew 2000 years ago that mental emotions had a very great influence on physical factors ; e.g. शोक, काम, and भय stimulate the *Vata*-element ; क्रोध, शौर्य्य etc., stimulate the *Pitta*-element ; and सुख, तृप्ति etc. increase the *Kapha*-element of the living organism, and vice versa. The secretion from the adrenals is nothing but a form of liquid *Pitta* which has a very close relation with anger, bravery, etc. What a mighty tribute the ancients

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deserve at our hands when we now read in the Western papers that the adrenal glands of heroes are exceptionally developed and secrete more freely. This is one of the recent announcements by a Western scientist, the caption being "The stuff that heroes are made of." We already know through Charaka that क्रोध and शौर्य्य are products of one mother-element—*Pitta*.

Now why does *Pitta* stimulate anger? Why does anger stimulate *Pitta*? Why should love, sorrow, and fear increase the activities of *Vayu* and *Vayu* the sensations of love, sorrow, and fear? What similarity exists between *Kapha* and happines that the presence of one should tend to increase the quantity of the other?

Let us read the answer in the *Charakasamhita* :—

सर्वदा सर्वभावानां सामान्य वृद्धिकारणम्
ह्रासहेतुर्विशेषश्च.....
सामान्यमेकत्वकरं विशेषस्तु पृथक्कृत्
तुल्यार्थता हि सामान्यं विशेषस्तु विपर्ययः॥

चरक. सूत्र. I.

The increase and decrease of various factors is always caused by the respective similarity and dissimilarity amongst them. The former tends to unite and the latter to disunite them, etc. etc.

Again

धातवः पुनः शरीराः समानगुणैः समानगुणभूयिष्ठैर्वाप्याहारविहारैरभ्यस्यमानैर्वृद्धिं प्राप्नुवन्ति। ह्रासं तु विपरीतगुणैर्विपरीतगुणभूयिष्ठैर्वाप्यभ्यस्यमानैः।—चरक शरीर VI.

Dhatus (or the constituents of the body) gain in strength when foods or modes of living possessing similar attributes are brought into use by the individual. By coming into contact with factors possessing dissimilar qualities the *Dhatus* deteriorate.

We can now easily conclude that anger, fear, pleasure etc, increase, and are increased by, the activities of *Pitta*, *Vayu*, and *Kapha* respectively due to existence of सामान्य (similarity) in their constituency. We also know that the three *Doshas Vata*, *Pitta* and *Kapha* are the ultimate and primal factors of the living organism, which cannot be reduced further to any other substsnce of which the emotions may be regaded as a different form. This makes our conclusion inevitable that THE EMOTIONS ARE INVISIBLE FORMS OF THE *TRIDOSHAS*!

Thus anger is nothing but pure *Pitta*. *Vayu* may not be fear, but fear is certainly a suitable and highly transformed form of *Vayu*.

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Coolness and stability of mind is, so to say, only an emotionalised and invisible form of *Kapha*.

And with treatment of these highly evolved *Doshas*, the motions, when in excess, is exactly on the same lines as that of the excess of the grosser forms of the *Doshas*. Let me illustrate this by an example :—

A man is robped of his treasure which he valued above all else in his life. The very thought of the loss is an excruciating torture to him, and begins to affect his reason.

What is the physician's diagnosis ? "Excess of grief" (a subtle form of *Vayu*). These symptoms are *Vatik* in nature : there is restlessness (अनवस्थितचित्त), insomnia (अनिद्रा) etc. on the mental side ; on the physical, there is gradual weakness, a tendency to grow darker in colour, a sensation of dryness all over the body (कार्श्य, कार्ष्ण्य, रौक्ष्य) etc. etc.

What is the *Tridoshic* line of treatment ?

सर्वधातुगुणानां सामान्ययोगाद् द्विर्विपर्ययाद्वा। तस्मान्मांसमाप्यायतेमांसेन भूयस्तरमन्येभ्यः शरीरधातुभ्यः। तथा लोहितं लोहितेनैव। मेदो मेदसा। वसा वसया। अस्थि तरुणास्थ्ना। मज्जा मज्जया। शुक्रं शुक्रेण। गर्भस्त्वागर्भेन। चरक शरीर VI.

Similar elements increase and dissimilar ones decrease the strength of the *Dhatu*-elements. Hence flesh nourishes flesh more than any other constituent of the body, blood nourishes blood, adeps adeps, and so on.

Now what shall we do in the above case ? Instead of restlessness of mind (अनवस्थितचित्त, अनिद्रा, इत्यादि) etc. we want peace, coolness, stability, etc. (स्थैर्य, धैर्य, इत्यादि). Instead of Physical weakness and dryness (कार्श्य, रौक्ष्य, इत्यादि) we want strength and oily flexibility* (दार्ढ्य, स्नेह्य). Technically speaking, we want to conquer the *Vata*-element by introducing the *Kapha*-element in the patient.

What can we do ? We have the following methods to deal with him :—

First, that we restore his treasure by some means.

Second, that following the mandate of Charaka "मानसो ज्ञानविज्ञान-धैर्यस्मृतिसमाधिभिः" we try a dose of धैर्य or ज्ञान to save him from the impending madness.

धैर्य (Fortitude) is *Shlaishmic* (श्लैष्मिक) in constitution. We may tell him that his treasure will be restored to him, or continue to

* I cannot properly translate रौक्ष्य and स्नेह्य into English.

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give him any other such false hope, keeping him in doubt till he is accustomed to the sorrow (सात्म्योभाव, शोकसात्म्य).

ज्ञान (Knowledge) is *Tridoshic* in constitution. It is therefore a correctant of all the emotions like lust, love, grief pleasure, joy, etc. (काम, क्रोध, शोक, हर्ष, विषाद, इत्यादि).

Are we not directly administering a dose of subtle, invisihle, highly evolved, emotionalised *Kapha* to the patient to react upon *Vayu* when we are giving him a false cause for joy by telling him that his treasure would be restored ? Similarly we call the cooling, peaceful *Kapha* to our aid in order to annihilate *Pitta* when a man is angry. Sometimes we actually give cold water to drink and visible effect is produced.

As regards ज्ञान (knowledge), it is subtle in substance only in effect it bears close analogy with grosser objects. If the fruit of आमलकी (*Embelica Officinalis*) is विदोषनाशक in effect, no wonder the subtle ज्ञान regulates all the subtle forms of the three *Doshas*.

The reverse of the above example, again, demonstrates the truth of this conclusion. If a weakminded person suddenly finds a huge fortune in his possession, his reason may tend to totter. This is a case of excess of Joy, or, in other words a case of कफवृद्धि. The best treatment prescribed by Charaka is त्रासन or frightening the person that the money does not belong to him. We are thus administering भय (fear, a form of *Vayu*). This would bring him down to his senses.

Wherever there is life, wherever there is feeling, however indistinct, however imperceptible, there the three *Doshas* exist not only as gross physical constituents, but also in the form of emotions and feelings, invisible and subtle in their essence, but traceable to such an extent that we may sense them even in the vegetable kingdom :—

नराणामिव वृक्षाणां वातपित्तकफाः गदाः ।
संभवन्ति यतस्तस्मात्कुर्य्यात्तद्दोषनाशनम् ।
कृशो दीर्घो लघू रूक्षो निद्राहीनोऽल्पचेतनः ।
न धत्ते फलपुष्पाणि वातप्रकृतिकस्तरुः ॥
आतपाऽसहनः पाण्डुशाखाहीनो मुहुर्यदि ।
अकालपाकः स्याच्छाखी स तु पित्तात्मकः कृशः ॥
सिद्धान्तशाखादलशाखी सम्यक् पुष्पफलोज्ज्वलः ।
लतापरीतगात्रस्तु कफवान् परिमण्डलः ॥

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The underlined words denote the presence of subtle *Doshas* in the form of emotions in the trees. The quotation is from *Shri Shivatattvaratnakara*, an old Hindu work, published recently by the Government of Mysore.

It is wrong to say that all the forms of *Vata*, *Pitta*, and *Kapha* are purely gross on the ground that the ancient texts have attributed certain gross properties to the *Doshas*. There are properties for gross forms and there are properties for subtle forms. Charaka himself believes in the अतीन्द्रिय or invisible form of the *Doshas* when he says

भूतैश्चतुर्भिः सहितैः सुसूक्ष्मैः,
मनोजवो देहमुपैति देहात्। चरक. शारीर १।

Explaining the above, Chakrapani says, 'सुसूक्ष्मैरित्यनेन चातीन्द्रियत्वं दर्शयति" *i. e.*, by mentioning that the factors that enter into our constitution are subtle (सुसूक्ष्म) Charaka wishes to imply that they are beyond the conception of our senses.

Health and Hygiene

—:o:—

WHY YOU SHOULD HAVE A STRONG NECK.

It's a Highway to Your Brain, Along which good health May Travel

BY EARL C. GREGORY.

Hold a bay in your arms—one not yet old enough to distinguish between you and the bed-post. His little head lops in all directions, with apparently grave danger of rolling to a far corner of the room; the neck seems woefully inadequate to support the big little head—disproportionately small and delicate, and just about useless except as a tube down which the fluid of life flows from his lips to his greedy little stomach. One is apt to wonder why this supporting strip of flesh was not made stronger and less flexible.

But notice the necks about you; they may be long or short, round or angular, lean or fat, flabby or muscular, attractive or ugly. Yet each one seems to support its head quite well, though that's about all some do, except to elongate or stretch in one direction or another to enable one the better to see that which pleases or interests him. The spontaneous exercises of infancy, the natural exercises of childhood, and the necessary activities of youth and adulthood are bound to strengthen

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the neck so that it becomes more substantial than it is in early infancy. But very few make of it all that could be made, for strength, health or beauty.

There being no vital organs in the neck (at least so we are inclined to think), we are likely to look upon this region of the body as a convenient, suitable or necessary place for draping a collar. We may thank our stars for a neck when we can use it to obtain a visual advantage but we depreciate that same neck when we have tonsilitis or a throat soreness that apparently extends its full length. Yet we wouldn't place our head on the block or our neck beneath the guillotine blade or in the noose, at any price, because that neck not only separates the ivory dome (or the empty belfry) above and the four pronged scarecrow below, the whole of which we call a human being.

Fortunately the neck is an isthmus that just as effectively connects these two sections of the body. It is through this connecting link that the brain controls the head above. We have heard or read frequently during the past few years about "a strong body." We might give a thought to the connection.

The brain does not reach out into the other and take out of the aura what it requires from the body for its health and functions. For its health and the performance of its multitude of duties the body does not pick out of the somewhere the vibrations of the brain. There is a direct connection between these two main regions of the body; and their functions are possible, both in co-ordination and more or less independently, because of that connection—the neck. This is not a stretch of gutta percha to enable one to 'rubber' for his eyes' feasting. It is more than the seven bones that the chiropractor considers as the neck. It is more than the muscles which the athlete or gymnast considers the whole of the neck, more than the muscles and fat which the masseur so deftly massages. It is more than the thyroid gland, or the Adam's apple.

The neck is these thirgs and more : It is bones and cartilages and ligaments, skin and muscles and fat, arteries and veins and lymphatics, glands and nerves and the Spinal cord. Some of these structures are chiefly for attachment, support, protection, rigidity, flexibility—all very important, but of vastly greater importance are the arteries that pass up through the neck to the head ; the veins and lymphatics that pass down through it and drain the brain of waste materials ; the spinal cord that passes down through the center of the spinal bones ; and some nerves that are given off from the neck region of the cord and others that pass down from the head outside the spinal cord.

These are the structures that make it possible for a strong body to help to make a strong mind, or for a strong or persevering mind to help to make a strong body. The arteries that pass up from the body to the

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head feed the brain and supply to it the element necessary for its structures and functions, including various processes of the mind. The spinal cord carries the cables and wires (nerves) that connect the brain with every region of the body. And some of the nerves pass directly from the brain down through the neck, imbedded in or shielded by the neck muscles and fat, and have much to do with the functions of most of the vital organs.

The neck is really a highway along which travels to the north a steady stream of food for the brain, to the south an equally steady stream of "garbage" or waste, and to the north and south a great variety of telegraphic messages—some from the body informing or petitioning the brain, others from the brain, directing organs, glands and muscles in what to do, how to do it, and how much of it to do. Every thought is capable of directly or indirectly influencing the body through the neck structure.

Of vast importance is this highway, the neck, and putting it and keeping it in the very best condition possible is of equal importance. If you watch anyone who accomplishes anything physically or mentally worth while—among sucessful business and professional men, record makers and prize winners in all branches of athletics and sports, singers, actors, farmers and so on—you will observe almost invariably a neck that is well rounded, that is developed in proportion to the shoulders, that supports the head with firmness. With a neck that is thin and scrawny one cannot have superb health, an alert brain, pulsating energy, or normal heart and lung action, for such a neck is minus adequate room and padding for the nerves and blood vessels ; the blood vessels have remained or become too small or too dishraggy to carry enough blood to and from the brain ; and the bones of the neck have not been stretched apart and moved vigorously enough to develop the cushions of cartilage resting between them. The nerves passing out from the spinal cord between each two vertebrae require plenty of room, and this necessitates thick, yet yielding, cushions of cartilage between the bones.

A neck that is over burdened with fat provides ample cushioning of soft tissues for the nerves and blood vessels ; but the structures may be pressed upon or weighted down by the fat, or they may become so fatty themselves as to be incapable of proper functioning. Also, the general condition of toxemia that usually goes with this kind of a neck is one that upsets all functions. The present mode of bobbed hair shows the need of better contouring of our girls' and women's necks by exercise.

Rarely the neck muscles may be so over-developed or so strenuously worked without proper relaxation that there is too great pressure upon the vessels and nerves, or the vessels may have become over-dilated or hardened by the excessive demands made upon them, or the cervical

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ligaments about the spine may have become greatly contracted and the cushions between the bones much compressed. This condition may cause the nerves leading from the cord to be pulled upon or crowded so that their functions are altered. But as this condition can be created only by excessive or grossly wrong exercise, one need give it little thought.

The neck is two-thirds muscle if at all well developed ; and even a scrimpy neck will be over one-half muscle. If the muscles were less numerous in this region one might be justified in making a poker out of it, but where muscles are numerous, and capable of considerable development, the part is supposed to be exercised—the muscles are there for use and the part cannot be normal without being used. The use of a muscle (so far as voluntary use is concerned) is by exersise and by exercise only. By the use of the neck muscles the neck will be somewhat enlarged, more rounded, better appearing ; but at the same time the general health will be vastly improved and the mind will be more alert.

One can favorably affect the general health by taking no other exercises than those involving the neck muscles, though it is rarely advisable to exercise one part to the exclusion of all other parts. Because of the comparative ease with which one's neck may be enlarged, some are apt to devote more time to it than the other muscles, in order to see quick results for there is no part of the body that responds so quickly to exercise as does the neck. Yet because of the immediate effect upon the circulation of blood to head and perhaps upon the rate and force of the heart beat, people are inclined to avoid neck exercises. When one begins these exercises there is apt to be dizziness and the heart beat may become as rapid as when doing exercises that involve the great muscle groups of the body But these conditions become less noticeable after a few days. These very effects indicate the influence of the neck upon vital organs and functions.

Some persons are always looking for some unusual way to exercise. Apparently, too, some are looking for a way that does not require so much "works." As I have said many times, there is no way to exercise a muscle except by bringing the two ends of it closer together. There are many exercises that can be used for this purpose for every part of the body ; still, there are limits to the number and variety of movements. If one wants to develop a neck to its largest size, of course great resistance must be pitted against the muscles during their action. A neck developed to its limit, however, will be out of proportion to the shoulders upon which it rests. As in all other exercises, our desire and aim should be sufficient exercise to pleasingly develop the size of the muscles, to favourably influence the circulation, nerves, metabolism, and elimination. Neck exercises do not have a great influence upon metabolism and elimination, except indirectly through their effect upon

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vital organs, though in order that they may become developed the metabolism within the muscles themselves must be directly improved.

Hand resistance is one of the easiest and most convenient forms of all exercises and has the advantage of being adjustable to the strength of speed in development. There is no muscle of the neck, and no possible movement of any or all of these muscles, that cannot be resisted by the hands. There are, also, two types of resistance movement by the hands--the neck doing the movement while the hands hold back ; and pushing the resisting neck muscles with the hands. Thus in the hands we have as satisfactory and flexible an apparatus as can be secured anywhere.

If we want to develop the biceps, we lift something. Excellent neck exercises may by devised along the same line We may use the head for the weight, while lying down especially with the head extending over the edge of a couch. By lifting and turning the head, and by turning and then raising the head while lying on the back, abdomen and sides, we can exercise every neck muscle in every possible movement of it. For muscles that are already fairly well strengthened, we may make these exercises still more strenuous by resisting with the hands. Then there may be used other weights which the neck may be made to raise. Straps may be placed over the forehead or back or side of the head, weights attached to these straps and the head raised. The wall exerciser, also, may be used in this manner as a neck exerciser.

The neck exercise may also be performed by drawing the head as far backward as possible without altering the horizontal plane of the head ; and the same with the head far forward and sidewise. The movement is much like that of the head of the turkey hen as she steals away from the corner of the fence after depositing an egg ; or much like the movement of the scrappy little fellow who shoots his chin far forward as he tells the bully what's what, and as he draws it far backward to evade a blow. Variations may be made by rotating the head while it is at the far points, or rotating and then drawing it back and forcing it forward. Another very excellent exercise is drawing down the corners of the mouth and calling in to action the large sheet muscle that thinly covers all the front of the neck.

In your exercise try only for pleasing, symmetrical development and for health, with plenty of easy movements. Exercise collarless and before a mirror, if possible, for best results. Remember that the neck not only may indicate strength, but that it is an indicator of health, and that it is a favourable part of the body for helping to increase both of these. And it is fortunate that for these effects but a small amount of time is required daily."

(Adopted from P. C. America)

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GOOD THOUGHTS.

Indulgence of the appetite in eating to excess or in eating things known to be unwholesome, positively injurious, is perhaps the most common of all human vices. Excess in eating is a fault so common that it is hardly recognized as such. The old Scandinavians had a proverb, 'An ox knows when to go home from grazing, but a man never knows his stomach's measure.'

When we have become really civilized and have learned to apply science to our daily lives, and to conform our habits to biologic requirements, we will find more rational means of expressing gratitude for peace and prosperity than abusing our stomachs, livers, and kidney and thereby lessening our capacity, enjoyment and shortening our lives.

———

A RHYME OF THE DAY

Gone Up in Smoke

(Smoking shortens your life.—Harley-Street specialist.)

Friend George, I hope you understand
That by continuously smoking
Cigars or fags of any brand
You are deliberately provoking
The gods who handle these affairs
To get into a state of ferment
And pitch you headlong unawares
Into a premature interment.

But if, stout fellow, you eschew
These pleasures, they will be forgiving
And will permit you, even you,
Odd though it seems, to go on living.
You cannot have a notion how
Your figure will develop under
The system and, though even now
Rotund, will grow in time rotunder.

You'll live and live. In twos and threes
Your teeth will go, your skin will shrivel,
You'll get all wobbly at the knees,
You'll cough and snort and sneeze and snivel,
You'll grow all deaf and dumb and lame,
Your hair will come adrift in patches—
Great heavens, I might do the same!
Pass me the baccy and the matches!

MERRY ANDREW.

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Reports of Societies etc.

—:o:—

"THE CONVOCATION OF THE AYURVEDIC COLLEGE", PATAN.

N. Gujrat.

The convocation of this College was performed on 6th Dec. 1930 under the presidentship of the Chancellor Sjt. Dewan Saheb Ambegaoker of Baroda. Many a prominent visitor on this occasion gave their worthy presence among whom were the Ag. Chief Medical Officer Baroda State, Medical officer, Patan, Suba Saheb Kadi. Dist. etc. The Chancellor arrived at 4-30 p.m. In the beginning he took a round of the College hostel and inquired of its management with full satisfaction. Along with he felt himself much rejoiced when he knew the well organised constitution and government of the College and College Hospital ; and with this much performance he took his chair.

In the beginning Sjt. Lakhia, the Secretary of of the College Working Committee, read the report of the year 1929-30.

Then Dr. Sumant Mehta, the president of the College Working Committee expresing his extreme pleasure for the presence of many ladies of education, thanked much those who gave their worthy presence on this occasion. He stated that this institution is day-by-day progressing further and further with its brightest career ; and wished that it may attain its zenith in a short duration. He revealed many of the troubles that the working Committee had to deal with within the last eight years of this institution. He showed his desire for Unani teaching side by side in this institution, and intended that the general public should take keen interest for such a Unani start.

The Chancellor then proceeded to bestow "The Diploma of Ayurveda Medicine" upon the past students of the final year and distributed prizes to the students who attained their highest ranks. He desired that the graduates of this College might always attempt for more and more knowledge of their branch and serve the country with the utmost capacity to raise illumination and reputation of this institution. He congratulated the Working Committee for its working capacity.

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* This College is the only ideal College in the Bombay Presidency, which imparts the complete education of Ayurveda with Allopathy. The regular course is for four years. The successful students, after the completion of the course is granted the Diploma of "Diplomate of Ayurvedic Medicine" by the Chancellor, who is always the Dewan of Baroda State.

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Notes on Cases.

—:o:—

Complaint :—Asthma.

INSTRUCTIONS FOR GUIDANCE

1. Avoid smoke, dust, bad smell, hay and paddy dust and smell of oily preparations,

2. Avoid dew and very cold weather and moisture.

3. Put one drop of Chandanadi Tailam in each nostril daily for one year.

4. Always eat one mouthful less than what you require.

5. Never eat until 3 hours pass after a meal.

6. Finish your last meal in the day before sunset. If you like take one cup of milk with pepper powder and kalkanda powder at bed time. If you feel doubtful whether you are hungry or not, don't take the milk.

7. Until you are in perfect health do not take food on saturday evening so that you give rest to the stomach for one whole night.

8. Take hot water bath daily. If you like it, you may take it twice daily and in the evening specially hot enough to make you sweat.

9. Have massage by trained servant daily once a day, not less than 15 minutes before bath. Use Karpuradi Lepam for the chest and neck massage and Chandanadi Tailam or Bhringamalaka Tailam for the head and bodily massage.

10. Medicines :—

Seetamsurasam	...	ii gr.
Pravala Bhasmam	...	ii gr.

in each powder. Take one powder in 5 drops of betel leaf juice and 5 drops of honey, morning and evening, before meals. This will improve the blood and prevent accumulation of phlegm.

11. Vasavaleham 10 grains to be taken with honey half an hour after each meal. This is a mild expectorant and tonic. When there is an irritation of throat and troublesome dry cough, take a pinch or two of the compound powder given below with honey.

12 *Compound powder :—*

Talisadi	...	i dr.
Yashtimadhu	...	i dr.
Haritaki	...	i dr.
Khandasarkara	...	i oz.

This will relieve the irritation in the throat.

13. Do the first 12 exercises in the book Vyayama Shastra and Indian Clubs for 15 minutes.

Take your weight every month.

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14. If you increase in weight, do 12 dundalls and 15 baskies in addition.

15. Drink hot water or decoction of pepper, 10 reeds, and dhanya, ½ a tea spoonful, jaggery ½ teaspoonful, in half a cup of water whenever you are doubtful that you are getting the attack of Asthma and give up one meal.

A CASE OF PREMATURE OLD AGE

Patient———Male.

A man of 25 looks like one of forty. He has thin and dry skin, grey hair, and slight murmur in the first sound of heart. Sometimes he feels very hungry and some times there will be no desire to eat. He hears always a noise as if water is boiling in an engine.

Treatment :—

He is recommended for 8 days training in the Health Resort for regulation of food and habits.

Yashtimadhu Choornam	...	i oz.
Sitopaladi Choornam	...	i oz.
Khandasarkara	...	iv oz.

Mix and send

A teaspoonful with a cup of water every morning.

Chandanadi Tailam iv oz.

Rub 15 minutes daily to the whole body.

Chandanadi Snana Choornam i lb.

For udvartanam.

EYE-SIGHT RESTORED BY OIL-BATH

Male———Age 42.

Complaint :—The sight of the right eye is less clear. One day he came to know of it all on a sudden. There was no watering of the eye. He closes the right eye a little bit when exposed to the light.

On examination :—Slight irritability of the right eye to the light.

Iris—clear.

Lense—a slight haze towards centre.

Accommodation to light and to distance—Nearly normal.

Prescription :—

Poornachandrodayam	...	¼ gr.
Triphala Choornam	...	x gr.

Make One Powder.

Send 12 Powders. One powder to be taken with fresh cow's milk every morning.

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6 Jumping. 6 Deep breaths, with heel raising.

Perform them 4 times in the morning.

Narikelanjanam ... ii drs.

Put a drop at night daily into the right eye.

Directions :—Take food at regular intervals and swallow slowly.

Sleep one hour at mid-day if it is not cloudy or rainy ; Take bed at 9 p.m. or not later than 10 p.m. at night.

Take oil-bath twice a week.

Bhringamalaka Tailam ... ... iv oz.

Use it for the head before bath.

Kunkumadi Lepam ... ... i oz.

For rubbing to the body.

After 25 days :—Eyes quite Normal.

Right eye same as left eye.

He now wears *plus* 1·5 glass for reading.

He complained of slight pain in the belly about the level of the umbicilus and of paln in knee joints.

He was advised to use Narikelanjanam once a week and asked to do Knees Bend light for 5 minutes with deep breathing.

The followlng medicine was also given :—

Hingulashtaka Choornam ... v gr.

Make into a pill.

Send 50 pills. One pill after coffee or food with little water.

A CASE OF CHRONIC RHEUMATISM

Patient——Male.

Complaint :—There is pain in all joints. No fever is present. He has Headache and his bowels are generally constipated. Also he has hydrocele (small).

Treatment :—

Rasnadi Tailam ... ... iv oz.

¼ part with two annas weight of raw ginger as swarasam with honey.

Yashtimadhu Choornam ... i oz.

Rasna Choornam ... ii 3.

Gokshuradi Choornam ... 3 ss.

Make pulv. one.

6 pinches at sunrise and sunset.

Dhaturadi Thailam ... iv oz.

For rubbing for 15 minutes before bath.

Hot water should be used for bath.

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EARLY CASE OF LEPROSY

Male.....Age 10.

Complaint :—A patch of whitish red discoloration of skin without feeling on the inner aspect of the right thigh. The size of the circular patch was about 6 inches.

Duration—4 years.

Prescriptton :—

Nimbadi Thailam	...	...	i oz.

5 drops every morning with milk and sugar.

Nirgundi Thailam	...	...	i oz.
Chandanadi Thailam	...	...	i oz

Mix and send.

For external use only. Apply two times a day.

Panchanimba Choornam	...	...	iv oz.

$\frac{1}{8}$ tola to be taken like coffee at 5 p.m. daily.

Report after two months :—The feeling of touch had been completely restored.

The patch was very much less and is more or less indistinct.

He was advised to continue the same treatment for six months.

A CASE OF LEUCODERMA

Prescription :—

Tuvaraka Lepam	...	...	ii oz.

Rub daily at night for 5 minutes to the spots.

Kunkumadi Lepam	...	...	i oz.

Massage for 45 minutes.

Chandanadi Snana Choornam		...	i lb.

For bath.

Neelinyadi Choornam	...	...	xv gr.

Send 50 powders.

One powder to be taken with ghee and sugar every morning and evening before food.

Reviews and Notices of Drugs

—:o:—

McCOY'S COD LIVER OIL TABLETS.

The epochal work done by such famous scientists as Steenbock, Funk and others, and the extensive clinical work confirming their findings, have helped to bring to the realm of undisputed medical

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knowledge and scientific fact that it is unnecessary to prescribe the stomach upsetting and disagreeable liquid form of Cod Liver Oil and that after the therapeutic elements have been concentrated into an extract according to the most advanced processes, the residual oil and grease is therapeutically valueless.

SINCE this discovery, McCoy's Laboratories, Inc. have been tireless in their efforts to insure a quality product upon which the medical profession could rely in cases where they wish to prescribe Cod Liver in an agreeable and easily assimilable form to the most delicate stomach and where other valuable therapeutic properties due to the careful combination with other well known ingredients would be extremely desirable. The preparation of these tablets must be made under the most exacting conditions with utmost care requiring elaborate technical precautions. Due to the elimination of the nauseating oil and grease, these tablets can be confidently administered during any season of the year and in all climates.

McCOY'S COD LIVER OIL COMPOUND TABLETS are used by the medical profession in the United States and other countries. Their sale is *world-wide*. There is a wealth of clinical experience behind them. Since placing these tablets in the hands of the medical profession in 1920, many millions of packages have been sold. Their record is remarkable and unparalleled.

McCOY'S LABORATORIES, INC. are to-day the world's largest manufacturer of cod liver oil tablet. Because of the high aims of McCoy's Laboratories in providing a thoroughly reliable product of high medicinal quality, they have been rewarded by the co-operation of the medical profession who have cheerfully prescribed McCOY'S COD LIVER OIL COMPOUND TABLETS. The wide clinical experience with McCOY'S COD LIVER OIL COMPOUND TABLETS have proven that they are entitled to the attention of every medical practitioner who desires an efficient body builder, a general tonic and nerve strengthener, which at the same time emphasizes the well known properties of *cod liver oil*.

The more complete indications and exact formula accompany every package.

A Full size package of McCOY'S TABLETS will gladly be sent gratis to any physician, who will request it, of any of the offices of our agents listed below :—

MULLER, MACLEAN & CO., INC.

Calcutta, Bombay, Karachi, Delhi, Madras, Colombo, Rangoon, China.

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Medical News and Notes.

——:o:——

The Home Page Doctor Says—

KEEP THIN AND LIVE LONG.

The primary object of taking food is to replace expended energy, and in the young also to help build up the growing body. It is when we approach middle age, and after, that food begins to assume real importance.

Comfort, health and life itself depend in a great measure on food, on the quality and quantity which we eat.

The quantity taken should, of course, depend on the amount of energy expended—a mathematical proposition which can usually be solved by the aid of a pair of scales.

A middle-aged, healthy, individual who gradully but persistently puts on weight week by week is without doubt eating too much or taking too little exercise, or probably both.

By the time a man reaches middle age he knows, or should know, the foods which agree with him. If he is wise he will stick to these foods to the exclusion of the others.

Three meals a day should be the maximum number for a middle-aged person. Many people, indeed, believe that two good meals and a very light breakfast are sufficient for their needs. My own view is that this arrangment for sedentary workers is ideal.

But the navy needs more food than the clerk, and the happy mean must be struck by each, according to his occupation, plus exercise taken. The weighing machine will act as an impartial referee.

Toward the end of middle age, and onward from that period, human beings seem to divide into two groups—those who put on weight and those who grow thin.

The latter, on the average, live the longer, which should cause those in the former group to do a little hard thinking and encourage them to check any tendency to excessive weight.

I do not advise them to alter materially their form of diet. I suggest that the quantity of their food should be reduced and that a fair amount of exercise should be taken in order to balance a natural tendency to an accumulation of fat, which, in excess, is weakening to vital organs and a burden to the owner.

This question of fat is of great importance in its relation to general health.

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FOOD POSISONING VICTIMS.

It is not long since the public realised with a shock, what doctors knew already, on whom quite common foods, such as eggs, milk and fish, and even bread and meat, have definitely deleterious effects.

These usually take the form of severe skin irritation, rashes and, though more rarely, definite poisoning, and hitherto there has been no remedy save a complicated process of dissensitization, rather than face which most sufferers have preferred abstention with, perhaps, an occasional risk.

Now, however, on the authority of a distinguished London physician, I am able to report progress.

Hope at Last—In a Cocktail.

A Vienese doctor has succeded in preparing an immunising agent of a specific character which will protect each victim against his particular susceptibility. All that is necessary is to swallow a dose of it an hour before meals.

My informant warns me that some failures must be expected at first, but he says that a considerable degree of success has already been attained on the Continet.

I wish all good fortune to the discoverer, and venture to suggest that he should experiment with a view to the incorporation of his remedy in a cocktail.

ORGANISING TO HELP PATIENTS.

All Resources in One to Combat Disease.

HOSPITAL CHANGE.

New Role as Consultative and Emergency Centres.

Sweeping changes in the medical organisation of this country are recommended by the Council of the British Medical Association in a report issued recently.

The scheme is for a general medical service in which family doctors, specialists and hospitals would be part of one great organisation.

Their work would be educative and preventative as well as curative.

Hospitals, it is declared, would then be able to deal with emergency cases and to act in a consultative capacity.

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WHERE PUBLIC ERRS.

"Foolish to short-Circuit Family Doctor" in Favour of Specialist.

In the British Medical Association's report the importance of the family doctor is stressed.

"The specialist in medicine is the complement of the family doctor and not a substitute for him," it is stated. "The tendency of the public to short-circuit the family doctor is foolish, uneconomic, bad for the patient and bad for the medical profession.

'It is foolish because the average member of the public is incompetent to choose the specialist he ought to consult."

It is recommended that a consultant service and all necessary specialist and auxiliary forms of diagnosis and treatment should be available for the individual patient normally through the agency of the family doctor.

Those services are divided in the report as follows :—

Non-Institutional Services.—Nurses, midwives, masseurs and, masseuses, opticians, biophysical assistants (persons acting as technical assistants in physio-therapy).

Pharmaceutical Service.—Ambulance, clearing-house, diagnostic aids, and that institutional services should include general hospital treatment (medical and surgical and special departments), or eye, throat, ear, nose, skin, radiological and dental treatment.

Special Hospital Treatment—Maternity, tuberculosis, mental, infectious diseases, orthopædic and spa treatment.

There would also be convalescent homes.

Ending Medical Rivalry

One of the principles of the scheme is that the interposition of any third party between the doctor and the patient, so far as actual medical attendance is concerned, shall be as limited as posible.

The scheme, if put into operation, would be a complete co-ordination of the hole medical service for the community.

The family doctor, on whom the service primarily rests, would be in relation with every hospital in his area and with every medical service provided.

He would be able to pass on his patients as required to any of the services.

He would be in close touch with the school doctor and with the maternity and child welfare centre.

"The hospitals would take their proper place in the scheme," it is continued, "no longer acting as isolated institutions."

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LEGISLATION REQUIRED

Their beds and the other services at their disposal will be so used as to be available as and when necessary for all those in their area who need such service.

"They will not need to waste valuable time and money on out-patient departments, which are now largely used for cases which could quite well be dealt with by the general practitioner, will be used as they ought to be for accidents and emergencies and as consultative centres for patients sent by their doctors for a second opinion."

Legislation, it is added, would be required to bring the scheme into operation.

Calculations, it is pointed out, were made by the Royal Commission on National Health Insurance of 1926 as to the cost of extension of the present National Health Insurance scheme to the dependants of insured persons (£9,500,000), a consulatant and specialist service for present insured persons (£1,290,000), and laboratory aids for present insured persons (£100,000), a total of £10,890 000.

The number of insured persons has since increased, it is added.

FAMILY DOCTORS.

Full medical service for all on the lines of "Family Doctor" attention and care is the ideal aimed at by the British Medical Association in formulating their new national scheme.

Success or failure of such proposals must depend largely on whether the "Family Doctors" prove themselves conscientious medical attendants or mere machines guaranteed to deal with so many patients per hour.

The right of the patient to choose his own adviser will always lead to certain doctors being overwhelmed with work to the detriment of the patient.

It is right that everyone should he entitled to medical attention, and perhaps some day we may arrive at some form of the Oriental medical arrangement in which the doctor is paid so long as he keeps us healthy instead of for attending us when we are ill.

A DOCTOR FOR EVERYBODY !

An alarmingly comprehensive acheme described as "a complete co-ordination of the whole medical service for this country" has been published by "this country's" amalgamated medical brains—in other words, by the British Medical Association, which appears to be alarmed by the encroachments of local authorities and voluntary associations upon its very own special job, which is, or ought to be, to keep a nation of forty-five millions in good health.

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Finance is neglected in this scheme which threatens to *provide a family doctor for every man, woman and child*; each doctor—pivot of the plan—to be associated with the general health services and with hospitals, so that he may "pass his patients" on from link to link until he (the patient) *lands*—where?

In bankruptcy? No, for the scheme will rank with the national insurance acts under which already England groans.

As to that, we ask, isn't the panel doctor already a doctor for all? And, as taxpayers, we remember that in 1926 a Royal Commission tentatively mentioned ten millions as a sum needed for extensions in health insurance.

While we endeavour to understand this complicated plan, we can at least praise one side of it. We can applaud its insistence on the *prevention* of illness by education in the laws of health.

A doctor, who happens to be also the City of London Coroner, has remarked at an inquest this week that he has "very little faith in medicine."

An honest physician!

One wishes he could persuade people—particularly poor people in our thronged cities—that health cannot be kept or regained by swallowing drugs and pills; but that it depends on right living—on prolonged obedience to the ascertained laws of health.

Unfortunately the easier programme (amongst patients) is to live anyhow, and then, when health breaks down, to go to the local medico for something tasting strong and nasty in a bottle, preferably big and black.

SAVING THE NEWLY-BORN CHILD.

BY A MEDICAL MAN.

The results of investigations made by Dr. J. N. Cruickshank for the Medical Research Council into the cause of death of 800 infants show that more than two-thirds of these deaths occur immediately after brith. Probably the actual cause of death is the failure of the respiratory organs to function.

I heartily endorse Dr. Cruickshank's condemnation of the practice of soundly smacking an infant to make it breathe, just as I do the old-fashioned method of plunging it alternately into bowls of hot and cold water.

The method adopted by most practitioners in cases where the newly-born child does not breathe is a form of artificial respiration carried out in the way adopted in a case of drowning.

Sometimes the child is "swung" but in my experience this is not so satisfactory as plain, straightforward artificial respiration by alternately compressing and relaxing the chest.

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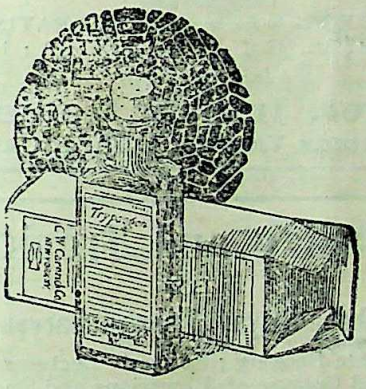
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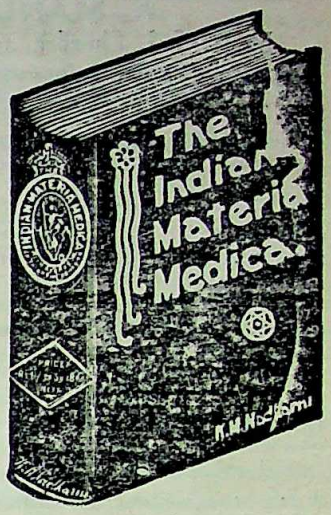
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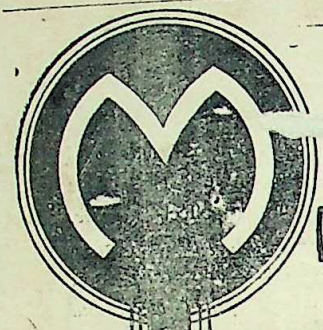
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or the Hindu System of Medicine

Vol. VII.] May, 1931. [No. 11.

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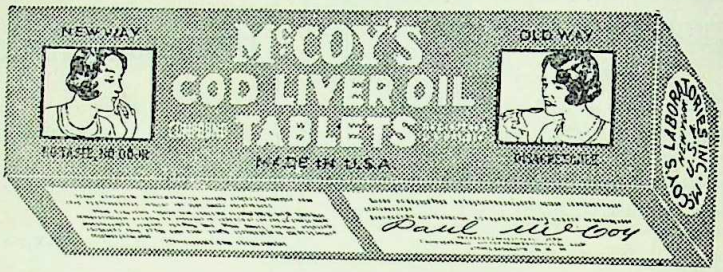
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THE JOURNAL OF AYURVEDA

Vol. VII.] May, 1931. [No. 11.

"Quack Doctors" of India

BRUTAL FARCE

ATTACK ON INDIGENOUS MEDICINES.

We publish below extracts from an outspoken letter sent by Lieut. Col. J. J. Harper, I. M. S., of Lahore, to the *Civil and Military Gazette* in which he challenges the existence of indigenous system of medicine—the Ayurvedic and the Unani—as practised throughout India on "90 per cent of the population." "Men, women, and children," he declares "are condemned to suffering because untrained and ignorant men are permitted to undertake their treatment." The letter says :—

Sir—In your issue of July 1 you announce the grant of Rs. 9,000 by the Lahore Municipality to "popularize and encourage" the Ayurvedic and Unani systems of medicine.

This affords an opportunity, of which I really avail myself, of criticising these so-called systems which may have the virtue of being as old as time but are also as dead as the dodo.

The sooner it is realized that the indigenous systems of medicine have no pretence whatever to be in the slightest degree scientific, and therefore to be without the pale, the better.

They are founded on tradition and superstition. Medicine is a science, and a progressive science ; it is built on a sound foundation of chemistry, physics, biology, anatomy ; physiology, pathology and so on. The indigenous systems are without even the rudiments of

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science, they are largely based on the long-discarded humoral theory,—that disease is due to the entrance of air, or mucous, or bile, etc., to some part of the body.

It is pathetic to see in every-day life, as is my unfortunate experience, the results of the treatment of "90 per cent of the population of this country" (to quote the figure given by the Dayananda Ayurvedic College) by practitioners of the indigenous systems who, having no science, are unable to make a scientific diagnosis. Where there is no scientific diagnosis there can be no scientific treatment.

VITAL DIGNOSIS

The whole question of treatment depends on diagnosis and diagnosis is one of the most difficult problems of medicine, as it requires, for accuracy, highly-trained observers with highly technical laboratory investigations, which have to be co-related to the symptoms and signs of the patient.

Here we come to the root of the matter—guessing. The value is negligible of what the *hakim* guesses.

As I have indicated, having no scientific basis on which to build, an accurate diagnosis is impossible. For instance, a patient is treated for "fever," as though fever were a disease. There are a hundred and one causes of fever but there are very few causes of fever which can be definitely established without careful laboratory investigations—blood examinations, stools, urines, cerebro-spinal fluid, etc.

Is it suggested that the *vaids* and *hakims* can undertake these investigations or interpret correctly the findings ?

They do not know the rudiments of clinical diagnoses. They do not know one end of a microscope from another. They cannot use a stethoscope or other scientific instruments of precision.

And we are asked to believe that they are worthy of support. With them it is a case of listening to a long

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tale, feeling a pulse, looking at the tongue, and then ordering some unknown nostrum.

"A Brutal Farce."

The whole thing is a brutal farce. It is brutal because men and women and children are condemned to suffering and often to death, because untrained and ignorant men are permitted to undertake their treatment. It is a farce because in no other walk in life is it claimed that untrained persons should be employed because they have a traditional connexion with a calling.

The village blacksmith is not asked to design and construct a bridge. Why not? He has more claims to undertake the job than the *vaid and hakim* has to undertake treatment.

Where life and death are concerned, we are asked to bolster up systems which have nothing to commend them except the fact that they are ancient.

Are we never to progress?

West and East

Commenting on the letter the *Civil and Military Gazette* writes :—

"For our own part, we have much independent evidence of the terrible effect which the untutored *vaid* and *hakim* are capable of exercising upon the health of illiterate Indians and even upon others who being much higher in the cultural scale, ought to know a great deal better than to submit to obviously unqualified treatment. The reference is solely to the traditional type of "medicine-man" who has nothing to rely upon except superstition and some traditional connexion—acquired no one quite knows how—with the art of healing which he degrades so frequently.

In England to-day that type of person would never be allowed to practise at all. As for putting ninety per cent of the population at his mercy, the thing is simply unthinkable. He would be regarded, by some people, as of no higher standing than that of a rather crude

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herbalist, but the vast majority would classify him as merely an out-and-out 'quack.'

"The East, however, apparently lags a long way behind the swift onward march of scientific medicine. Ninety per cent of India's teeming peoples are still submitting to styles of doctoring that are almost incredible. Many of the methods adopted by the bogus 'healer' are so crass in their ignorance and filthy in their execution that their description would be impossible in the public Press. "It is, therefore, all the more amazing to find that what is euphemistically described as "indigenous medicine" is receiving the support of public bodies. The Lahore Municipality, for instance, has granted Rs. 9,000 to encourge this system. It is of course, arguable that there may be a few elements of sound common sense in some of the *vaids* and *hakims*' remedies. They are so numerous that it would, indeed, be strange if none of them was good. But so was the dandelion-brew of our great-grandmothers at Home in one or two specifie instances. It would be difficult, however, to persuade any public body in England to make a money grant to maintain medicine in the dandelion stage."

The above letter together with the editorial comment brings into prominent relief the mentality of I. M. S. officers and that of the Anglo-Indian Press towards Indigenous medicines. We have proved beyond doubt through the columns of this journal that Ayurveda is not only the mother of all systems of medical Art extant in this world but that it is as scientific as any other system. It might have been mutilated and its progress might have been retarded or checked due to political up-heavals but that does not prove its inefficiency. The very fact that it has survived the onslaught of time for so many thousands of years is a proof positive of its efficiency and charm. It is easy to criticise a particular branch of science without reading the a, b, c, of same and we congratulate the colonel and the Editor for their bold attack. We would, however, request them to read and digest the science before they come out again to scoff at the indigenous system of medicine. That their knowledge about Ayurveda does not go beyond "Wind, Bile and Phlegm" is evident from the rendering of Vayu, Pitta and Kapha as "Wind, Bile and Phlegm." Impudence ought not to go further.

———

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Original Articles

AYURVEDIC THERAPEUTICS

OR

THE THEORY OF RASA, VIRJA, BIPAKA & PRAVABA

BY

VAIDYABHUSANA PURUSOTTAM SASTRI HIRELEKER,

AMRAOTI.

(Continued from our last issue)

The verses from Dhanvantari and Rajnighantu as published last month do not give Vipaka of Gudoochi. But others give it as Madhura. Instead of Laghu, it is given here as Guru, which seems to be a misprint. Ashtanga Hridaya says गुडूची कटुका लघ्वी स्वादुपाका रसायनी। (Gudoochi is bitter in taste and sweet in Vipaka). Both these Rasas have cool Veerya. The bitterness causes purification and brings mildness in its action. Besides, bitter Rasa is also not irritant, so that Gudoochi does both the appeasing and purifying work easily. Wherever there is fermentation in the body, the spoiled substance gets accumulated there and a sort of burning is caused. In this burning condition, Gudoochi, which is purifying and appeasing, is very much effective. All the diseases which are mentioned to be cured by Gudoochi have got a general commonness in them and that is, first fermentation and then burning heat from the same, and diseases from this disorder are only said to be cured by Gudoochi. Diseases might have been various and in various places, but the productive disorder is nearly the same in all of them. But here also one thing must be taken into consideration that the Bitter Rasa of Gudoochi is chiefly the cause of the properties enumerated. For, this bitterness is not spread all through the body of Gudoochi, but it is in the green substance that is inside the barks and all over the creeper. This bitterness in not at all to be found in its essence. From this, it will be seen that the qualities arising in accordance

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with this bitterness all exist in this green substance. Gudoochi has such a natural structure and arrangement that this green substance should be accumulated on its surface and in the interior of its outward bark. The bitter substance from such a place will be effective only on such a part of the body which is seen from its similarity. Such a part of the body is the Rasa Dhatu in the interior of the skin. In the fermentation in this Rasa Dhatu is felt fever with burning heat. From this, it will be seen that even though many qualities have been enumerated of Gudoochi, curing fever and appeasing burning heat are the chief, on account of special similarity of its mould and structure. This is to be considered as its Probhava. Just as this bitter substance is one in Gudoochi, there is also another one of importance—the essence or Satva. The taste of this essence is sweet, but in touch it is smooth. Its action will be that of the Madhura Rassa and is sure to be effective on the smooth ingredients (Dhatus). It is accumulated in the two layers of the internal component of Gudoochi and thus will be effective on such layers of the body. Such a part in the body is the outer part of the bones. The internal part of Gudoochi, which is full of the hard and sticky juice, has resemblance with the outer layer of the bones which are full of fat. Upon this part of the bones, the appeasing and nourishing action of Gudoochi takes place on account of its sweet taste. This shows that the Gudoochi Satva is the diminisher of burning heat in the fat and bones and is nutricious to them. In this way, all the properties of Gudoochi should be classified—one purifying the Rasa Dhatu after having removed fermentation from it, and the other increasig Fat and Bone Dhatus after having removed burning heat from them. Chiefly, therefore, Gudoochi is the curer of fever, and its extract is a tonic meaning the nutricient of fat and bones, which are its special or Prabhavi properties. Its general properties are to cleanse the tongue, and purify the digestive organs without exciting them, as also to purify any other parts of the boy wherever heat has been produced on account of fermentation in them. This is what the knowledge of Rasa, Vipaka and Veerya of Gudoochi indicates and the same is substantiated by the understanding of Therapeutics. Every substance must be examined and its properties ascertained in this way.

True it is that the Rasa, Vipaka, Veerya and Prabhava of all substances have not been mentioned clearly by all the

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Authors, but the description of their properties has been made in such a way that they will be understood clearly if the above method is followed. Of course, the mention of Prabhava must have been necessarily made and then it was not necessary to enumerate in details the properties arising generally from Veerya, for, on having understood Veerya of a substance, the whole-bodily action of it is understood automatically. What are more clearly required to be mentioned are the Prabhavi Properties. These Special or Prabhavi properties can be more than one in some substance. As one effect of a substance takes place in a particular part of the body on account of its similarity in mould with that of its substance, at the same time, in accordance with the similarity with its special structure and special action, some more effects are possible to take place. Such special properties must have been given in the Nighantu Works, but all of these works do no seem to have made very clear these Prabhavas. The reason seems to be that they unnecessarily bear the notion of Prabhavas being अमीमांस्य or incomprehensible.

Class of Medicines in Accordance with their Resemblance with the Body.

The above explanation will clearly show how the general as well as special properties of all substances can be ascertained when once the general and universal principle "वृद्धिःसमानैः सर्व्वेषाम्"। or 'like begets like' is accepted. Truly speaking, by this general principle, all the medicines should have been classified. If substances are classified in accordance with their similarity with the various parts of the body, it will be easy to know the special or the local action. Herbs having more leaves (Parnamayas) will be useful more over the skin which resembles them. Fleshy substances such as शतावरी (Asparagus racemoses), मुसली (Asparagus ascendens), भूविदारी (Ipomoea Digitata), etc. will be more effective on fleshy parts of the body. Creepers and their small roots will effect upon the muscles which are similar to them in size. Bulbous roots will be useful on tumours which resemble them; substances of the kind of sticky juice, such as the juice of Babboola (Acacia Arabica etc.) will act on the similar phlegmatic parts such as those in the joints of the body; the sweet juice of fruits, on the pure and limpid Rasa Dhatu; sour Rasas, on Amla Rasa or on that of the kind of Pitta which is digestive, sweet essences, on the greesy and smooth substance,

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on flesh, etc. Viewing in this way similarities, a general idea of the local Prabhava can be formed, and to determine as to what sort of action on this particular part will be produced, Veerya must be considered, and to understand this Veerya with its varieties such as hot in hotness, violent in violence, etc., the recognition of the Rasa (taste) of a substance perceptible to the tongue as well as conceived by the digestive organs must be made.

All substances have been grouped in three classes as :—

शमनं कोपनं स्वस्थहितं द्रव्यमिति त्रिधा। (अ, ह)।

of which Swasthahita are useful for the whole body in equal proportion and possess no other special property and that is why they are particulary usable in the daily dietary. The consideration of other two, viz., Kopana, and Shamana, is important in Treatment. Unless it is fully ascertained as to what substance appeases the Kupita Doshas or those which suffer morbid irritation in respect of their abodes of merit, and what will irritate them more, it will be impossible to prescribe medicines and indicate the wholesome behaviour and diet. This is why the important Shamana or Kopana action (appeasing or irritating) must be well realized. This is what is meant by Superiority of Prabhava. There is a great dubiosity or ambiguity about Prabhava in text properties. There is no clear mention of the general properties, Veerya and the particular property of Veerya effective on the body in accordance with similarity. Just as in Diagnosis, there is a general mention of Tridoshas (three hormones Vata, Pitta and Kapha), but only on having realized the local actions of the particular Dosha and considered the theory of Tridoshas minutely, the pathological knowledge is obtained in the same way, local action of each substance being accurately ascertained first and then the general varieties of the same being fixed with the help of Veerya, etc. If this way is followed, then alone will the text properties be intelligible so as to be usable in practice. Otherwise, there will be no distinction between the common and special, principal and dependent properties, and it will be impossible to experience their properties accurately. There is a special mention as to "A medicine not clearly known should be discarded." Of all knowledges, Charaka says, the knowledge of medicines is the highest (विज्ञानमौषधीनां—च, सू अ, २५।) How is this knowledge obtained विशेषः कर्मणां चैव प्रभावस्य च चोच्यते। (च, सू) the

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particular action of a substance is Prabhava. But the same has been said to be incomprehensible प्रभावोऽचिन्त्य उच्यते—च. सू., अ, २६—४२ ; and at the same time, there is no distinction of general and particular actions in the properties given. What are then the means for the knowledge of medicines under this circumstance ? Though Charaka says that Prabhava is incomprehensible, he himself says that शास्त्रसहितस्तर्कः साधनानाम् ; or the inferences based on the help of Science is the real means (of knowledge). With the help of this sentence from Charaka the properties, common or special, should be ascertained from the texts themselves. The knowledge of Prabhava is of the highest importance in Therapeutics, and that of Veerya is next to it, and then follows Vipaka and after it the knowledge of Rasa. But the general quality of all substances (Veerya) and Vipaka are inferred from Rasa. Perhaps there is possibility of a change in this inferred action on account of the changing Vipaka, so Vipaka is next to it ; then comes Veerya which is inferred by both these and lastly the independent Prabhava, and this has been the order of description. This order is very convenient for the sake of description or for the inference of the general action of substances, but none the less does it undervalue Prabhava, as the same is of the utmost importance in Therapeutics. In the description of properties available (in texts), Rasa and Vipaka sub-divisions of Veerya, actions irritating or appeasing, i. e., producing or curing any disease being the effect of Prabhava ; all these have been given. But the same do not clearly distinguish between the general action and the particular one. It must be clearly understood whether the production or cure of a certain disease is effected by Veerya—hot or cold—or by the power of Veerya. For this understanding, a certain method of conjecture is essential. Some illustrations will clarify this point :—

1. *Chitraka* (Plumbago Zeylanica).

चित्रकोऽग्निसमः पाके कटुकः कफशोफजित् ।
वातोदरार्शोग्रहणीचयपांडुविनाशनः ॥ (धन्वन्तरिनिघंटुः)
चित्रकस्तिलपर्णी च कफशोफहरे लघु । (सुश्रुतः)
चित्रकोऽग्निसमः पाके शोफार्शः कृमिकुष्ठहा ॥ (अ. हृदयम्)

(Chitraka is just like fire for helping digestion, is pungent, diminisher of Kapha and Vata and curer of Anasarca, Ascites, Sprue, Consumption, Anaemia, Worms, Piles and Skin Diseases).

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In this description of Chitraka, it is clearly said to be of Katu or Pungent Rasa. Vipaka is given, though the same is inferrable from the Pungent Rasa. Its specific mention is to show that it is very much Pungent in Vipaka. Hotness of Veerya is inferred from the pungent Rasa and Vipaka even though it is not mentioned. Besides this, its laghu or light Veerya has been mentioned. Generally, lightness is a sub-division of hotness, but the same is separately mentioned to show more lightness. That is to say, Chitraka is pungent in Rasa, very pungent in Vipaka, and hot in Veerya having lightness in it. This is its general description. Now its actions are—it is the diminisher of Kapha and Vata. Its hotness, pungency and lightness prove its Kapha-diminishing quality. Because, Kapha is cold, sweet and heavy and Chitraka is contrary to it. But what does it mean by its diminishing Vata also? Its pungency increases Vayu, lightness is the quality of wind and, therefor, will also increase it. Its hotness might diminish coldness of Vata. But truly, coldness is not the the quality of Vata at all. Vata which is योगवाही does the work of coldness when associated with Kapha :—

योगवाहः परं वायुः संयोगादुभयार्थकृत्।
दाहकृत्तेजसा युक्तः शीतकृच्छ्लेष्मसंयुतः॥ (चरकः)

This shows that the removal of coldness is not the work of Vata but of Kapha. Then what is the meaning that Chitraka is the diminisher of Vayu? The causes for the irritation of Vata have been doubly given, one wastage of the Dhatus, and other obstruction of the path of its circulation. (वायोर्धातुक्षयात्कोपो मार्गस्यावरणेन च।) Vata is increased by the wastage of Dhatus, and it may be increased or not and if its path of circulation is hindered, it gets irritated and then diseases are produced. This is why coldness has been inserted in the qualities of Vata. Coldness is an important agent to irritate Vata, and as soon as this coldness gets diminished, the irritation of Vata and the diseases from the same pass away. Then even if accumulation of Vata remains there, the trouble is lessened. For this sake :—

उष्णेन युक्ता रूक्षाद्या वायोः कुर्वन्ति संचयम्।
शीतेन कोपमुष्णेन शमं स्निग्धाद्यो गुणाः॥ (अ हृ.)

(*i.e.* Vata gets accumulated by substances as are dreary etc.; the same dreary substances having associated with coldness cause

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irritation of Vata ; and greesy ones with hotness appease Vata). In this way, substances that cause accumulation, irritation and appeasing of Vata have been indicated. So then Chitrak's property of diminishing Vata means removing the obstruction in its path of circulation, that is to say, it is principally the diminisher of Kapha. Along with the diminishing of Kapha, an additional benefit is obtained, *viz.* diminishing of diseases caused from the obstruction of Vata by the increase of Kapha. In this way, Chitraka through its Veerya properties is the diminisher of Kapha and that of Vayu along with Kapha. Besides these, the actions said to be of Prabhava are as follows :—Cure of Ascites, Sprue, anaemia, worms, tuberculosis, Skin Diseases, Anasarca and Piles. Now on which of these is it chiefly effective ? It is impossible that it should be equally effective on all. Because, these are the diseases of different places. But there is one commonness amongst all and it is this that all of them spring up from Dyspepsia.

(१) रोगाः सर्वेऽपि मन्देऽग्नौ सुतरामुदराणि च ।
अजीर्णान्मलिनैस्याग्नेर्जायन्ते मलसंचयात् ॥ १ ॥ (मा नि.)

(*i.e.* All the diseases have dyspepsia as their (original) cause, but the same is the chief cause for Ascites. Ascites and the adjacent abdominal disorders are caused from indigestion, spoiled food and chronic constipation).

(२) अतीसारे निवृत्तेऽपि मन्दाग्नेरहिताशिनः ।
भूयः संदूषितो वह्निर्ग्रहणीमभिदूषयेत् ॥ (मा. नि)

(*i.e.* Even after Diarrhoea has disappeared, if the complaint of dyspepsia remains even then if unwholesome food is taken, the (spoiled action of) fire (bile) spoils the Grahani (portion in the interior of Caecum).

3. Anaemia is mainly from Pitta, but its Kapha variety is from indigestion alone. Symptoms of Kaphaja Anaemia are :—

(३) कफप्रसेकश्यथथुतंद्रालस्यानि गौरवैः ।
पाण्डुरोगी कफाच्छुक्लैस्त्वङ्मूत्रनयनाननैः ॥ १ ॥ (मा नि.)

(*i.e.* In Anaemia from Kapha, spitting of Kapha, Swelling, Sluggishness, Slothfulness, Heaviness of the body, whiteness of the skin, eyes and the mouth are the symptoms). In the symptoms before its occurrence, also there is mention of indigestion :—

अथाविपाको भविष्यतस्य पुरःसराणि ।

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Therefore, this variety of Anaemia is supposed to be chiefly from Kapha, and Chitraka is useful in same.

4. Worms are produced from indigestion and the phlegmatic substances :—

(४) अजीर्णभोजी मधुराम्लनित्यो द्रवप्रियः पिष्टगुडोपभोक्ता।
व्यायामवर्जी च दिवाशयानो विरुद्धभुक्कृमिलभते कृमीरंस्तु॥ (मा नि.)

(*i.e.* one who takes meals even after indigestion, eats daily sweet, sour, liquid, and starchy substances and those of jaggery, does not take execise, sleeps in the daytime, takes a contrary diet—gets the attack of worms.) In the causes of worms, there is mainly the mention of indigestion and phlegmatic substances.

5. This disease (Tuberculosis) is mainly due to Kapha :—

कफप्रधानैर्दोषैस्तु रुद्धेषु रसवर्त्मसु। (मा. नि.)

when the paths of the Rasa Dhatu are obstructed, the disorders mainly of Kapha (Rajayakshma or the Pulmonary Phthisis arises).

6. Skin Diseases are produced from non-assimilation of impurity in blood. Here, like Anaemia, Kaphajanya Kushthas are to be taken.

7. Anasarca is produced from the accumulation of Kapha.

8. Piles (Kaphaja Piles to be taken) are produced on account of the oozing due to Kapha.

In this way, all the above diseases are born of one common cause, indigestion and the abundance of Kapha (spoiled).

(*To be continued*).

"CONSULT A SPECIALIST"

Rather surprisingly, the mania for consulting specialists is deplored in the new medical plan commented upon by the Press.

But who is responsible for this craze ?

Surely the general practitioner—or "family doctor"—who sends his patients on to specialists. And who can blame the specialists ? They make more money. They ask special fees !

A PATIENT.

———

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MIDWIFERY IN ANCIENT INDIA

BY

DR. GIRINDRA NATH MUKHERJEE, B.A., M.D, F.A.S.B.,

Calcutta.

Av. VI. II. FOR BIRTH OF SONS. COMMENTARY.

Av. vi. II.—तत्र "शमीम् अश्वत्थः" इति प्रथमं सूक्तं। तत्र आद्येन ऋचेन पुंसवन कर्मणि शमीगर्भाश्वत्थाग्निं मधुमत्यां प्रक्षिप्य अभिमन्त्र्य स्त्रियं पाययेत्॥

तथा तस्मिन्नेव कर्मणि तथाविधमेवाग्निं कृष्णोर्ण्या वेष्टयित्वा अनेन ऋचेन संपात्य अभिमन्त्र्य स्त्रिया बध्नीयात्॥

आह च कौशिकः। "शमीम् अश्वत्थ इति मन्त्रोक्तेऽग्निं मथित्वा (पुंष्याः) सर्पिषि पैङ्गमिव मधुमत्यां पाययति कृष्णोर्णाभिः परिवेष्ट बध्नाति" इति (कौ ४, ११)॥

The Kausika practices are symbolical,—a fire is churned of sami and asvattha wood; it is thrown into ghee prepared from the milk of a cow with a male calf; it is put up with the right thumb into the right nostril of the pregnant woman. It is then surrounded with the wool of a male animal, and the wool is used as an amulet.

This hymn figuratively describes the phenomena of conception:

1. The Asvattha has mounted upon the Sami plant. The tree stands for the male and Sami for the female.

2. In the male, indeed, grows the seed; that is poured along into the woman; that verily is the obtainment of a son.

3. Prajapati, Anumati, Sinivali hath shaped; may he put elsewhere woman-birth, but may he put here a male. (Cf. also vi. 813), so that she may give brith to a son.

तत्र प्रथमा।

शमीमश्वत्थ आरुढस्तत्र पुंसवनं कृतम्।
तद वै पुत्रस्य वेदनं तत् स्त्रीष्वा भरामसि॥ १॥

शमीम्। चश्वत्थः। आरुढः। तत्र। पुम्ऽसुवनं। कृतम्।
तत्। वै। पुत्रस्य। वेदनम्। तत्। स्त्रीषु। आ। भरामसि॥

Sayana.—शमीम् एतत्संज्ञं वृक्षम् [अश्वत्थः] अश्वत्थाख्यो वृक्ष आरूढः अधिरूढः। अग्निदाह-शमनहेतुर्वृक्षः शमी। "प्रजापतिरग्निम् असृजत। सोऽबिभेत् प्र मा धक्ष्यतीति। तं शम्याशामयत्। तच्छम्यै शमित्वम्" इति [तै० ब्रा० १. १. ३. ११]। स च अग्निः अश्वो भूत्वा यस्मिन् वृक्षे पुरा संवत्सरम् अवात्सीत् स वृक्षः अश्वत्थः। "सुपि स्थः" इति अश्वशब्दोपपदात् तिष्ठतेः कप्रत्ययः।

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पृषोदरादिः। भूयते हि। "अग्निर्देवेभ्यो निलायत। अश्वी रूपं कृत्वा। सोऽश्वत्थे संवत्सरम् अतिष्ठत्। तद् अश्वत्थस्याश्वत्थत्वम्" इति [तै० ब्रा० १. १, ३. ९] ॥ तद् अयम् अर्थः। शमी स्त्री। अश्वत्थः पुमान्। स च अग्निलक्षणं पुत्रम् उत्पादयितुं ताम् अधिरूढः। तस्या उपरि उत्पन्न इत्यर्थः। ईदृशाद् अश्वत्थाद् अग्निमन्थनार्थम् अरणीराहरणम्। तथा च श्रुतम्। "शमीगर्भाद्" अग्निं मन्थति। एषा वा अग्नेर्जन्मिया तनूः। तामेवास्मै जनयति" इति [तै० ब्रा० १. १. ९. १]। तत्र तादृशे अश्वत्थ पुंसवनम् पुमान् सूयते येन कर्मणा तत् पुंसवनम् तत् कृतम् अनुष्ठितम्। तद् वै तत् खलु पुत्रस्य वेदनम् लभ्यकं तत् पुत्रजननिमित्तं कर्म स्त्रीषु आभरामीस आहरामः संपादयामः। "इदन्तो मसिः"

द्वितीया ॥

पुंसि वै रेतो भवति तत स्त्रियामनु षिच्यते।
तद् वै पुत्रस्य वेदनं तत् प्रजापतिरब्रवीत् ॥ २ ॥
पुंसि। वै। रेतः। भवति। तत्। स्त्रियाम्। अनु। सिच्यते।
तत्। वै। पुत्रस्य। वेदनम्। तत्। प्रजापतिः। अब्रवीत् ॥ २ ॥

Sayana — पुंसि वै पुरुषे खलु प्रथमं बीजभूतं रेतः आग्नेयं भवति। तत् गर्भाधानकर्मणा स्त्रियाम् अनु सिच्यते गर्भाशये प्रक्षिप्यते। तत् खलु निषिक्तं रेतः पुत्रस्य वेदनम् उत्पत्स्यमानस्य पुत्रस्य लभ्यकम्। "पुरुषे ह वा अयम् आदितो गर्भो भवति" [ऐ० आ० २. ५. १] इत्यादिकम् ऐतरेयकम् अत्र द्रष्टव्यम्। तद् एतत् पुंसवनं कर्म प्रजापतिः प्रजानां स्रष्टा अब्रवीत्। पुत्रजननोपायत्वेन लोके प्रकाशितवान् इत्यर्थः ॥

तृतीया ॥

प्रजापतिरनुमतिः सिनीवाल्यऽचीकॢपत्।
स्त्रैषूयमन्यत्र दधत् पुमांसमु दधदिह ॥ ३ ॥
प्रजाऽपतिः। अनुऽमतिः सिनीवाली। अचीकॢपत्।
स्त्रैसूयम्। अन्यत्र। दधत्। पुमांसम् ऊं इति। दधत्। इह ॥ ३ ॥

Sayana.—प्रजापतिः संवत्सरात्मकः अनुमतिः पौर्णमासीदेवता सिनीवाली अमावास्यादेवता च निषिक्तं गर्भाशयस्थं रेतः अचीकॢपत् हस्तपादाद्यवयव कल्पनया समर्थम् अकार्षीत्। कृप् सामार्थ्ये इत्यस्मात् लुङि च ङि रूपम्। किं कुर्वन्। स्त्रैसूयम् स्त्रीप्रसवसंबन्धि निमित्तम् अन्यत्र अस्मत्तो व्यतिरिक्ते स्थाने दधत् स्थापयन् इह अस्मासु पुमांसम् पुमपत्यमेव दधत् कुर्वन्। संवत्सरकालावसाने समर्थम् अकार्षीद् इत्यर्थः।

ATHARVAVEDA 5, 25.

पर्वताद्विश्वो योनिरङ्गादङ्गात्समाभृतम्।
शेपो गर्भस्य रेतोधाः स्त्री पर्णमिवा दधत् ॥ १ ॥
यथेयं पृथिवी मही भूतानां गर्भमादधे।
एवा दधामि ते गर्भं तस्मै त्वामवसे हुवे ॥ २ ॥

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गर्भं धेहि सिनीवालि गर्भं धेहि सरस्वति।
गर्भं ते अश्विनौभा धत्तां पुष्करस्रजा॥ ३॥
गर्भं ते मित्रावरुणौ गर्भं देवो बृहस्पतिः।
गर्भं त इन्द्रश्चाग्निश्च गर्भं धाता दधातु ते॥ ४॥
विष्णुर्योनिं कल्पयतु त्वष्टा रूपाणि पिंशतु।
आ सिञ्चतु प्रजापतिर्धाता गर्भं दधातु ते॥ ५॥
यद्देद राजा वरुणो यद्वा देवी सरस्वती।
यदिन्द्रो बृत्तहा वेद यद्गर्भकरणं पिब॥ ६॥
गर्भो ओषधीनां गर्भो वनस्पतीनाम्।
गर्भो विश्वस्य भूतस्य सो अग्ने गर्भमेह धाः॥ ७॥
अधि स्कन्द वीर्यस्व गर्भमा धेहि योन्याम्।
विष्यासि विष्यावत्प्रजायै त्वा नयामसि॥ ८॥
वि जिहीष्व वाहेत्सामि गर्भस्ते योनिमा शयाम्।
अदृष्टे देवाः पुत्रं सोमपा डभयाविनम्॥ ९॥
धातः श्रेष्ठेन रूपेणास्या नार्या गवीन्योः।
पुमांसं पुत्रमा धेहि दशमे मासि सूतवे॥ १०॥
त्वष्टः श्रेष्ठेन०॥ ११॥
सवितः श्रेष्ठेन०॥ १२॥
प्रजापते श्रेष्ठेन रूपेणास्या नार्या गवीन्योः॥
पुमांसं पुत्रमा धेहि दशमे मासि सूतवे॥

V. 25. for successful conception. Commentary.

In this hymn Yoni is translated by womb. Sinivali and Saraswati are invoked to place the embryo in the womb. In the Rv. they are represented as mid-wives. So also are invoked Asvinis, Mitra, Varuna, Brihaspati, Indra, Agni and Dhatar. In later medical literature we find these names as authors of medical treatises and formulas of medical preparations are ascribed to them. In st. 10. a male son is prayed for. To the Hindus, as in ancient times, so in the present time, the birth of a male child is often considered as a fortunate event. A full term child is called here as the Ten Month's child. A female child is never prayed for : Cf. vi. II, 3

Normal Labour.

As a rule women were delivered at the tenth month, though it may be prolonged to eleventh or even to the twelvth month, but these cases are considered as exceptional. Normal labour was expected in cases where the woman followed the advice

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of her physician and the Brahmins. In the Ayurveda, cephalic presentation was the only from of presentation that was considered normal. All other forms of presentation were considered abnormal. Sometimes the child was born in a caul. "May the embryo of ten months move together with the caul ; by saying may it move, he puts forth breath into it." (*Sp.* iv. 5, 2, 4 and 5).

Dorsal Position.

In the *Rv.* v. 61, 3, we find a reference to the dorsal position assumed by women during labour. In India even to the present days, this is the position liked by the women, and we find no reference to the lateral position which is the position of European girls.

Midwives.

The elderly women generally assisted in the delivery of pregnant girls. In the Vedic literature we find mention of midwives :— Raka, Sinivali, Gangu, Kuhu and Sarasvati.

The New-born Child.

After delivery, the new born child was anointed with fresh butter (*Ait. Br.* i, 3). On birth the child was first fed with milk, ghee or honey (a drop or two given in the mouth) and then given the breast (*Brihadaranyak Upa*, i, 3, 4 (*Madhyandina*—i, 5, 2 *kanda*, vi. 4, 24 ; *Sp* ii. 5, 1, 6) The child was again washed on the eighth day after birth (*Pancavimsa Br.* xiv. 7. 2.) (*Samaveda* ii. 525—*Rv.* ix. 96, 17). The first ten days were the dangerous period (*Ait. Br.* vii. 14 ; *Pancavimsa Br.* xxii. 14, 3).

Artificial Respiration.

Sometimes the child does not breathe after its birth. Before the navel string has been cut, let the father request five Brahmans to "breathe over on this way." But he may himself breathe over him whilst walking round him ; and that son will live for 100 years (*Sp.* xi. 8, 3, 6). The Brahman from their respective quarters are then advised by the father to breathe upon the son. The position of the Brahmans, the son and the kinds of breath infused by them are described there.

Atharvaveda I, 11.

Hymn For Successful Childbirth.

1. II. For successful Child birth.—*Commentary.*

"वषट ते पूषन" इति सूक्तेन गर्भिणीः शिरसि संपातामिहुते.घाजलेन आघ्रापनम् आलायन्थिविमोचनम् योक्त्रबन्धनम् इत्य वमादीनि सुखप्रसवकर्म्माणि पुत्रजननविज्ञानकर्मान्तानि कुर्य्यात् ।

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1. वषट् ते पूषन्नस्मिन्त्सूतावर्यमा होता कृणोतु वेधाः ।
सिस्रतां नार्यृतप्रजाता वि पर्वाणि जिहतां सुतवा उ ॥ १

Sayana : हे पूषन् सकल प्राणिजातस्य पोषक देव । ते तुभ्यम् । अस्मिन सूतौ इदानीं संप्राप्ते सुखप्रसवकर्मनि । * * * दैवैर्वेर क्रियमाणम् इदं कर्म सुखप्रसवलक्षणं फलं दातुं शक्नोतीत्यर्थः । इवि: स्वीकारेण तुष्टस्य पुषां प्रसादात् नारी गर्भिणी स्त्री । ऋतप्रजाता सत्यप्रसवा जीवदपत्या सती सिस्रताम् प्रसवजनितक्लेशाद् विनिःसृता भवतु । अक्लेशेन प्रसूता भवतु इत्यर्थः । उ चपि च सुतवै सुखप्रसवार्थम् । यद्वा सुतवै प्रसवितुम् । पर्व्वाणि प्रसवानिरोधकाः सन्धिबन्धाः वि जिहताम विगच्छन्तु । विश्लथा भवन्तु इत्यर्थः ।

Translation—

1. Aryman as active hotar-priest shall utter for thee Vashat call at this Soma (pressing). O Pushan may (this) woman, (herself) be-gotten in the proper way, be delivered, may her joints relax, that she shall bring forth. —*Bloomfield.*

1. At this birth, O Pushan, let Aryaman (as) efficient invoker utter *vasat* for thee ; let the woman rightly engendered, be relaxed ; let her joints go apart in order to birth. —*Whitney.*

2. चतस्रो दिवः प्रदिशश्चतस्रो भूम्या उत ।
देवा गर्भं समैरयन् तं व्यूर्णुवन्तु सूतवे ॥

Sayana : ता दिग्देवताः देवाः इन्द्रादयश्च गर्भं पूर्वं समैरयन् संगतम् अकुर्वन् । गर्भम् उदपादयन्नित्यर्थः । इदानीं ते देवाः सूतवै प्रसवितुं गर्भाशयाद् विनिर्गन्तुं (तम्) उदरस्थं गर्भव्यूर्णुवन्तु विगताच्छादनं कुर्वन्तु । जरायोः सकाशात् विमुक्तं कुर्वन्तु इत्यर्थः ।

Translation—

2. Four directions has the heaven, and also four the earth ; (from these) the gods created the embryo may they open her, that she shall bring forth. —*Bloomfield.*

2. Four are the directions of the sky, four also of the earth, the gods sent together the fœtus ; let them unclose her in order to birth. —*Whitney.*

3. सूषा व्यूर्णोतु वि योनिं हापयामसि ।
अथया सुषणे त्वमव त्वं विष्फले सृज ॥

Sayana : सूषा सविवी प्रजननयित्री देवता । एवंभूता देवता व्यूर्णोतु गर्भं विगतावरणं करोतु । जरायुबन्धनं विश्लेषयतु इत्यर्थः । वयमपि सुखप्रसवाय योनिम् गर्भनिर्गममार्गं वि हापयामसि विहापयामः । यथा गर्भः सुखेन निपतति तथा विहतं कारयाम इत्यर्थः । हे सुषणे । सुवं सनोति प्रयच्छतीति सुषणिः सुखप्रसवकारिणी देवता । त्वमपि मदीयेन अनेन सुखप्रसवकर्मणा

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प्रीता सती अथय योनिं विश्लेषय। यद्वा। अथय गर्भेभ्यः सक्थिकल्पान विमुञ्च। * * * विष्कला। तथाविधे देवते त्वम् अव सृज गर्भम् अवाङ्मुखं प्रेरय।

तथा हे विष्कले !

Translation—

3. May Sushana open : her womb do we cause to gape. Do thou O Sushana, loosen the womb, do thou, O Bishkala, let go (the embryo) *Bloomfield.*

3. Let Sushan unclose (her or it) ; we make the vagina go apart ; do thou Susana, loosen ; do thou, Viskala, let go.

Whitney.

4. नेव मांसे न पीवसि नेव मज्जस्वाहृतम्।
अवैतु पृश्नि शेवलं शुने जरायुक्तवेव जरायु पद्यताम्॥

Sayana :—हे प्रसवित्रि त्वं मांसेन उदरगतेन नेव पीवसि। मांसेनेव न पीवसि। यथा मांसेन शरीरगतेन स्थवीयसी भवसि न तथा अनेन जरायुना। किन्तु तत् जरायु शल्यकल्पम्। एतत्प्रतने शरीरबाधो नास्ति इत्याह। मज्जसु मज्जोपलक्षितेषु धातुषु एतत जरायु आहृतम् आबद्धं स्नाय्वादिकमिव न भवति। किन्तु तदसंबद्धमेव वर्तत इत्यर्थः। यद्वा हे जरायु त्वं मांसेन शरीरगतेन संबद्धसत् नेव पीवसि। तथा त्वं मज्जसु नेव आहृतम् नैव संबद्धम् असि। "स्वित्यवपद्यस्व न मांसेषु न स्नावसु न बद्धं असि मज्जसु" इति॥ अतः कारणात् शेवलम् जलस्योपरिस्थितशैवालवत् आन्तरावयवासंबद्धं पृश्नि शुभ्रवर्णं तत् जरायु गर्भवेष्टनम् अवैतु। अवाक् पततु। जरायु अव पद्यताम् अवाग् भूमौ निपतन्तु।

Translation—

4. Attached not at all to the flesh, not to the fat, not at all to the marrows. may the spotted, moist, placenta come down to be eaten by a dog ; may the placenta fall down. *Bloomfield.*

4. Not as it were stuck in the flesh, not as it were in the marrows, let the spotted silmy after-brith come down, for the dog to eat ; let the after-birth descend. *Whitney.*

5. वि ते भिनद्मि मेहनं वि योनिं वि गवीनिके।
वि मातरं च पुत्रं च वि कुमारं जरायुणाव जरायु पद्यताम्॥

Sayana : हे गर्भिणि ते तव मेहनम् सूत्रावर्सकद्वारं वि भिनद्मि विदारयामि। न केवलं मेहनम् अपि तु तदाधारभूतां योनिं वि भिनद्मि शिश्ननिर्गमनयोग्यां करोमि। तथा गवीनिके योनेः पार्श्ववर्त्तिन्यौ निर्गमनप्रतिबन्धिके नाड्यौ वि भिनद्मि। मेहनादिविभेदनस्य प्रयोजनं दर्शयति वि मातरं इति। मातरं जननीं पुत्रं। तौ उभौ वि भिनद्मि विश्लेषयामि। गर्भाशयात् पुत्रं निर्गमयामीत्यर्थः। तथा जरायुना गर्भवेष्टितं कुमारम् पुत्रं वि भिनद्मि। जरायुकुमारावपि परस्परं विश्लिष्टौ करोमीत्यर्थः। चनन्तरं जरायुपि उदरस्थं उल्बं अव पद्यताम् अवपततु।

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Translation—

5. I split apart thy vagina, thy womb, thy canals ; I separate the mother and the son, the child along with the placenta fall down. *Bloomfield.*

5. I split apart thy urinator, apart thy yoni, apart the two groins, apart both the mother and the child, apart the boy from the after-birth ; let the after-birth descend. *Whitney.*

6. **यथा वातो यथा मनो यथा पतन्ति पक्षिणः ।**
एवा त्वं दशमास्य साकं जरायुणा पतव जरायु पद्यताम् ॥

Sayana : नर्भ स्य अविलम्बेन निर्गमनं दृष्टान्तैव समर्थयते । हे दशमास्य दशसु मासेषु मातृ पोषिप शिशो । एवंभूत शिशो त्वं जरायुना गर्भवेष्टनेन साकम् सह पत गर्भाशयात् शीघ्रं निर्गच्छ । अप्रधान्ये नोक्तं जरायुपतनं प्रधान्ये नापि निर्दिशति अव जरायु पद्यतामिति ॥

Translation—

6. As flies the wind, as flies the mind, as fly the winged birds, so do thou, O embryo, ten months old, fall along with the placenta ; may the placenta fall down. *Bloomfield.*

6. As the wind, as the mind, as fly the birds, do so thou, O ten months child, fly along with after-birth ; let the after-birth descend. *Whitney.*

Av. i. 11. Commentary—

This hymn is intended to procure easy and natural delivery of the fœtus and to secure a male child.

The Kausitaki practices are :—

1. *Munja* reeds with ghee are placed on the head of the pregnant woman. If these reeds break, there is danger to the mother.

2. The practitioner washes her with warm water. The warm bath can with advantage be retained in modern midwifery practice. Now the parts are no doubt washed before parturition, but a thorough washing of the body is highly desirable.

3. All the joints in the house-hold articles are loosened. "This symbolic action is calculated to loosen the fœtus," says Mr. Bloomfield. But this is not the true meaning of the practice. It was well-known to the ancients that during parturition, the pubic joints become loose. The mechanism is still known to the elderly females of our country. This superstition is also common

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now. When a pregnant woman has labour pains, the friends of the woman, at once unlock their boxes and chests, open the doors, untie the knots and bundles with the idea that such procedures would unlosen the joints of the pelvis, especially the pubic articulations.

4. On both sides of her a cord and a waggon rope is fastened. This practice still survives. At present a broad bandange or ligature is applied above the uterus containing the fœtus, to prevent as they say, the escape of the fœtus into the abdominal cavity. The real object of such a practice is to help the downward pressure or expulsive power of the uterus.

Stanza 1.

"May her joints relax" : The softening of the pelvic joints during gestation has been observed by many. Observations showing relaxation of the joints after labour are numerous and conclusive. D'outerpont says that in all dissections of peurperal woman he recognized a considerable widening of the three pelvic symphyses.

Stanza 3.

शुषा—Susa : Goddess of delivery. The midwife.

जरायु—Jarayu ; The membranes and placenta.

विषकला—Viskala : is the name of the midwife. *cf.* Rv.

योनि—Joni : Vaginal canal.

Stanza 4.

The Placenta is here rightly described as not being intimately attached to the flesh, or fat, or marrow. It is quite a separate structure juxtaposed to the wall of the cavity of the uterus, the membranes floating in the Liquor amni.

शैवाल—Saibala : The scholiast to Parashara renders it "Moist slimy". Sayana rightly suggests that the word is coined from the name of the water plant. The word Saibala I think is used intentionally by the versifier : Just as the leaf floats upon the surface of water its root may or may not touch the soil, so the expanded leaf-like placenta and the membranes float in liquor amni.

Stanza 5.

मेहन (Mehana) :—Urinator.

योनि (Yoni) :—Vaginal canal.

गवीनिके (Gobinike) : "are the two vessels on the two sides of the vaginal canal, which offer obstacles to the delivery of the child"

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—Sayana. But Saynna's identification is not clear. In 1. 4 6. the term has been used for the two ureters; but we cannot see how they can cause any difficulty to the passage of the foetus. Bloomfield translates it as "canals" but this also is not clear; Whitney translates it by "two grains"; but this is also puzzling. Probably the fallopian tubes are intended, but generally these tubes are not implicated in a case of difficult labour. Another interpretation is possible, if we understand by the term the two external sides of the vaginal orifice—the labia, but these are not vessels which Sayana describes.

Stanza 6.

दशमास्य Dasamasya :—Ten monthschild.

The question arises what is the normal term of gestation? Later on I have discussed this problem in detail.

Av. I. 11. For successful childbirth.

1. At this birth, Pushan, let Arymen (as) efficient (*vedhas*) invoker utter *vasat* for thee; let the woman rightly engendered be released: let her joints go apart in order to birth.

2. Four (are) the directions of the sky, four also of the earth; the gods sent together the foetus; let them unclose her in in order to birth.

3. Let Sushan unclose (her of it); we make the *yoni* go apart; do thou Susan loosen; do thou, Biskala, let go.

4. Not as it were stuck in the flesh, not in the fat, not as it were in the marrows, let the spotted slimy after-birth come down, for the dog to eat; let the after-birth descend.

5. I split apart thy urinator, apart the *yoni*, apart the (two) groins, apart both the mothers and the child, apart the boy from the afterbirth; let the after-birth descend.

6. As the wind, as the mind, as fly the birds, so do thou, O ten months (child), fly along with the after-birth, let the after-birth descend. Whitney.

In order that no obstructions may occur, the Hindu matrons, even at the present time, unloose all locks and knots, unlock the boxes and trunks, etc. so that all her joints may be loose. This belief is thus traced to the Vedic times. In the *Sp. Br.* we read: "His (the sacrifier's) wife is sure to bring forth without difficulty thinking thus he undoes the band" (1, 3, 3, 6).

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The mobility of the pelvic joints is a question of great practical interest. Observations showing relaxation of the joints after labour are numerous and conclusive. Barnes states the propositions (*Obstetric Med. and Surg.* vol. 1, p. 146) thus—

1. There is mutual adaptation between the passenger and the passages.

2. The head of the chid yields most.

3. The bony pelvis yields a little at the joints and the complementary ligaments yield a little.

4. Under the combined yielding of all the factors much violence is avoided to the mother and the child.

In the Vedic times, embryos had to be pulled out from the womb of a sick or a dead female (*Sp.* iv. 5, 2, 3). There is no doubt of the practice when the *Susruta Samhita* was composed, for Susruta distinctly states that the fœtus is to be delivered by Cæsarian Section if the mother suddenly dies as when attacked by wild beasts, or as others explain it, when she cannot be delivered *per via naturales* due to contracted pelvis. Later on, Cæsarian section became very common. In the *Prabandha Cintamani*, (page 22). we find that Lila Devi, the mother of Mularaja, after sometime had elapsed from the beginning of her pregnancy, suddenly died; and the ministers reflecting that if they did not take steps, the child would die also, performed Cæserian section, and took the child out of her body. Thus the heroic king, adds Mr. Tawney, was *exsectus jam matri perempta*, like Macduff. In the *Puranas*, it is said that Madayanti, wife of king Kalmaspada, became pregnant through the interposition of Vasistha. "She bore a child in her womb for seven years, when she performed Cæsarian section with a sharp stone, and a child came forth who was called Asmaka (from *asman* a stone)—Dowson's *Classical Dictionary*. p. 145.

We find in the *Seir Mutaqherin*, vol. i. p. 96, a record of an unique example of performing Cæsarian section by the pregnant woman upon herself :—

Daud-Khan had left at Ahmedabad a consort, by whom he was tenderly loved. She was the daughter of a Hindu Zemindar of that Kingdom..... This lady.....was now pregnant and seven months gone with child; and she had entreated for the liberty of following her husband, of whom at his départure, she had obtained his poignard as a token of his love. The news of his death in the middle of a victory having now reached Ahmedabad she took the poignard and opening her own belly with a precaution

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and dexterity that amazed every one, she carefully drew out the child, and tenderly recommended it to the bystanders, after which few words, she expired.

Daud Khan, Governor of Gujrat, was ordered to fight Hosainaly Khan, Viceroy of Deccan, at the battle of Burhampur by order of Emperor Feroh syur.

Full Term of Pregnancy.

In the Vedas, the full term of Pregnancy is described to be ten months (*Dasamasya*). I have discussed the truth of this statement in my article on *Full Term of Pregnancy*. It was published in the Antisceptic. It is reproduced here.

The question "*What is the natural term of gestation*" has always been a vexed question in medical science, and we are far from any definite conclusion on the point. In the Vedic literature the mature foetus is called a "*dasamasya* or ten months old" immediately before birth. In the *Satapatha Brahmana* we find: "When an embryo is full-grown, then it is one of ten months." "The children are born after being fashioned for a year." "A woman, a cow or a mare brings forth within the space of a year; for Prajapati was born in a year." Again "May the embryo of ten months move together with the caul." In the *Atharava veda*, a ten months old foetus is mentioned.

In the later medical literature, the duration of pregnancy is similarly described. It is said that in the ninth month delivery generally takes place, but it may be prolonged to the tenth month and rarely to the eleventh or twelveth month. According to Susruta, if the delivery takes place beyond these periods, the pregnancy is said to be abnormal. Caraka is more definite on the point; he says that ninth to the tenth month is the fixed time of delivery; if pregnancy continues beyond that period, it is to be regarded as abnormal. Bhavamisra considers the 9th or 10th month to be the month of delivery, but points out that the time may be prolonged to the 11th or the 12th month.

Paul Carus writes (Virgil's *Prophecy on the Saviour's Birth, The Fourth Eclogue*, p. 26): "Virgil expressly refers, near the end of his poem to the time of the divine babe's gestation as ten months, which statement should be compared with the birth story of the Buddha which in Mr. Henry Clarke Warren's translation (*Buddhism in Translation*, p. 45) reads thus: 'Now, other women sometimes fall short of and sometimes run over the term of ten

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lunar months.....but not so the mother of a future Buddha. She carries the future Buddha in her womb for just ten months." The immortal Harvey says: "Undoubtedly the ordinary term of utero-gestation is that which we believe was that kept in the womb of his mother by our Saviour Christ of men the most perfect; counting namely from the festival of Annunciation, in the month ol March, to the day of the blessed Nativity, which we celebrate in December, *i. e.*, 275 days. Prudent matrons calculating after this rule, as long as they note the day of the month in which the catamenia usually appears are rarely out of their reckoning; but after ten lunar months have elapsed, fall into labour." But as these dates are not supported by any authority from the Holy Scripture, Professor Simpson remarks: "The dates are derived only from the teachers of the Roman Catholic Church, and when their true meaning is investigated it is found that the 25th March was held as lady-day in Pagan Rome in honour of Cybele, the mother of the Babylonian Messiah, long before the era of our Lord; while the 25th December was kept among many Gentile peoples as the birth day of the son of that 'Queen of Heaven'. '(Emmenologia', December, 1875).

The duration of pregnancy in women is a variable period. We have no certain knowledge as to when ovulation occurs; nor is it possible to fix the exact time of fertilisation. Non-coincidence of the time of coitus with that of fructification causes variations in the gestation period.

Fully developed children have been born as early as 240th day and as late as 300, 313, or even 320th day. The cause of such wide variations may be due to:

1. The cause may be traced to the length of the menstrual cycle which varies amoug women from 22 or 24, to 28 or 30 days. Possibly there is a special individual gestation-type corresponding to a special individual menstrual type. A woman having a menstrual type of 28 days will be delivered on the 280th day, and another woman, having her menstrual cycle of 30 days will be confined on the 300th day, counting from the last day of the last menstruation.

2. Fecundation may take place just before a menstruation period which may thus become suppressed. The ovum which is impregnated may not belong to the last menstruation but to the next ovulation which occurs without loss of blood. Impregnation may occur a few days before or a few days after a menstrual period.

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But the view that pregnancy may occur just before a menstrual period is not fully corroborated: In Ahifelds' statistics of pregnancy from a single coitus we find :

In 37% of cases, the fertilising coitus occurred in 1st week after menstruation.

„ 35% „ „ „ „ „ 2nd „ „

„ 15% „ „ „ „ „ 3rd „ „

„ 9.7% „ „ „ „ „ 4th „ „

„ 2.7% „ „ „ „ „ 29 to 30th day „

This table shows that though pregnancy may occur rarely from insemination just before a menstrual period, the common rule is that 'the aptitude for conception is greatest during the few days following menstruation."

3. The date of fruitful coitus cannot be fixed with certainty. Insemination and conception do not occur simultaneously. The duration of migration of the ovum is unknown ; and it is known that the spermatozoa retains its motility for a prolonged time which may be several days after emission. It is common to assume 6 or 7 days for latitancy, *i.e.*, the lying in wait of the ovum and spermatozoa for each other. Taking this period into account, the gestation period will be 283 or 287 days. The interval between insemination and conception is also a variable period.

4. Menstruation may be suspended from other causes a month or two before conception or continue after pregnancy has commenced.

5. Fatty and atonic condition of the uterine wall may be responsible for wide variations in the duration of pregnancy.

6 Protracted gestation may be a peculiarity in some families, in the mother and her daughters. Heredity is a factor in the causation of protracted delivery.

7. The duration of gestation is regulated by the ages of the parents. The older the parents, the longer the gestation period. (Charles Clay).

8. Labour may be protracted several days ; and thus a week may be added to the gestation period.

9. The child born may or may not be mature, and we must consider this fact in fixing the duration. All children do not mature in equal times.

10. The ripening of the ovum in the overy may not occur at the same time in all women, and the ripe ovum does not quit the ovary at a fixed time.

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11. The *racial characteristics* : In some races the period of pregnancy is unusualy prolonged. In Germany 6% of women carry their pregnancy over 300 days.

The duration of gestation may be fixed to be ten lunar months, or nine calendar months and 7 days, or 280 days,—the period being counted from the first day of the last menstruation, or 275 days, counting from the last day of the last menstruation. From a list of pregnancies ensuing upon a single coitus, Loewenhardt, Hasler, and Hecker came to the conclusion that 272.2 to 273. 5 days constitute the period of gestation.

Besides women, the gestation period in other mammalia shows a similar variable period. For cows, it is roughly 285 days. It is longer in cases of bull-calves, and also when an aged bull covered the cow. In cows and mares the variation was 12 5% of the period. Calculations based on the last menstrual period, it has been found that

15% of the cows were delivered in the 39th week.
24% ,, ,, ,, ,, ,, 40th ,,
22% ,, ,, ,, ,, ,, 41st ,,

Based on the date of coitus :—

45% ... ... ,, 40th ,,
77% ... ... ,, 39-41st ,,

Commonly it may be said that cows take 280 days from the cessation of the menstrual period, or 274 days from the date of the last coitus. For the uncertain incidence of ovulation. variations occur for a period of 3 weeks.

1. M. Tessier's observations (102 mares and 160 cows) :

Shortest period ; Mare	...	311 days ;	Cow	...	241 days.
Longest ,, ,,	...	394 ,,	,,	...	308 ,,
Range ,,	...	83 ,,	,,	...	67 ,,
Excess above stated time		57 or 60 ,,	,,		32 or 35 ,,
Average period ,,		11m. 10 ,,	,,		9m. 10 ,,

2. Lord Spencer's observations (764 cows) :—

Shortest period (calf living)	...	...	220 days.
,, ,, (calf reared)	...	...	242 ,,
Longest period ...	...	...	313 ,,
Range (calf living) ...	...	...	93 ,,
Range (calf reared) ...	...	...	71 ,,

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Excess beyond 260 days when a calf is deemed immature 53 days.
Excess above 9 calender months ... ... 37 or 40 „
Excess above 10 lunar months ... ... 33 „
Average duration ... ... 284 or 285 „

Thus we find that the gestation period of cows and other mammalia vary within wide limits, the longest period being in excess by more than a calender month of the average. From analogy we may also expect a similar variation of gestation period in women.

3. Krahmer's observations (1105 cows) :—
In 4 cases delivery took place in the 48th week or over 329 days.
In 1 „ „ „ „ „ 51st „ „ „ 350 „
Krahmer's observations (177 sheep) :—
Duration—145 to 171 days.
Average— 150 days.

The following table, collected from different sources, shows that the authorities, not only differ from one another as regards the variability and certainty of any fixed time of the gestation period in women, but there is no unanimity of opinion as to the longest and the shortest periods of gestation.

Authorities ...	... *Duration of prenancy.*
Talmud (Jews) ...	... 271--73 days.
Code Napoleon ...	... 300 „
France ...	... 270 „
Prussian Law ...	.. 302 „
Dulignac ...	may be protracted to 11 to 13 months.
United States ...	... 317 days.
Faye and Vogt (Norway)	... 270 days.
Raciberski (from single coitus)	268-275 „
Montgomery (7 cases)	... 280-291 „
Reid (Lancet, 1850)	... 265-280 (general), 287-292 (rare).
Veit ...	... 278.5 days.
Hohl ...	... 280 „
Ahlfeld ...	... 271 „
Duncan ...	... 275-278 (from last day of last mens.)
Lowenhardt	272 (from last day of last mens) 282 (from first day of last mens.)
Stadfeldt „	„ mens) 272 „
Barnes ...	... 270-275 „

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Simpson	may be protracted to	319, 324, 332, 336 days.
Murphy	,,	314, 324 ,,
Atlee (2 cases)	,,	365 ,,
Velpeau	,,	310 ,,
Meriman	,,	280 to 309 ,,
Hamilton	,,	10 calender months.
Gaskill case	(from last coitus)	331 days.
Another case	(from 1st day of last mens)	336 ,,

Tausing (observed in the same woman) 277, 285, 325 days.

Germany—6% of cases delivered after 300 days

Gardner Peerage case $9\frac{1}{2}$, 10. 11 months or (281-290) (304-336), (334-337) days.

Guy (single coitus 14 cases) 270-293 days, average 284 days.

Guy ,, ,, death or absence of husband 27 cases 260-303 days, average 284 days.

Whartan and Stille 56 similar cases 260-296 days average 276 days.

Parturition generally occurs on the day on which the menses would have appeared for the tenth time, if pregnancy had not supervened, *i. e.*, ten times the menstrual interval which preceded it (Cederschiold) ; or parturition occurs when the ovary is preparing itself for the tenth recurring menstruation (Berthold).

"Hippocrates, Aristotle, Galen, Pliny, Avicenna, Mauriceau, Riolan, La Motte, Hoffman, Schenk, Haller, Bertin, Lietaud, Petit, Leveret, Louis, Astrue, etc. maintained that pregnancy usually terminates at the end of the ninth calender month, or fortieth week but might be protracted to the tenth, eleventh, twelvth, and some of them even to the fifteenth." (Ryan). The criticism of Duncan on the medical evidence of the celebrated Gardiner case remains true to this day : Their evidence was not sufficiently accurate in not being deducted from physiological science ; which, however, in the present state of medical knowledge on the question, could not perhaps be more accurate. On the whole, the weight of the testimony was in favour of the advocates of protracted pregnancy; but the mother having cohabited with another, proved her incontinence ; which fact influenced the House of Lords against the legitimacy. After all, the subject remains as obscure as before, and will require more scienific medical evidence to decide it one way or the other."

The rule given by Simpson may be adopted by us for the present. "We have therefore, to find out the number of days between

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the commencements of the two menstruations that preceded conception and multiply the figure by ten, and with a range of five days earlier or later the birth of the impregnated ovum will pobably take place." (Emenologia, December, 1875). All medical jurists should bear in mind the conclusion of Smellie: "The common term of pregnancy is limited to nine solar months, reckoning from the last discharge of the catamenia; yet in some, though very few, uterine gestation exceeds that period; and as this is a possible case, we ought always to judge on the charitable side, in the persuasion that it is better several guilty persons should escape, than one innocent person suffer in point of reputation." The presumption as to legitimacy of the law of India is embodied in section 112 of the Indian Evidence Act, and is as follows :—The fact that any person was born during the continuance of a vaild marriage between his mother and any man, or within 280 days after its dissolution, the mother remaining unmarried, shall be conclusive proof that he is the legitimate son of the man, unless it can be shown that the parties to the marriage had no access to each other at any time when he could have been begotten." Here we find that the period 280 days' has been taken to be the maximum time for the period of human gestation, which is neither founded on science nor on practice, We have, however, dealt with the question sufficiently to show that the Vedic period of pregnancy namely ten months, 280 daya if lunar, and 300 days or 304 or 305 if solar, is the period that has the support of facts and science, and also conforms to the practice of the Hindus at the present time; it should, however, be always borne in mind that the Vedic period used to be counted from the cessation of the last menstruation.

The period of utero-gestation is said to be 9 calendar months, or 10 lunar months or 40 weeks, or 280 days. But 9 calendar months may consist either of 273, 274, 275, or 276 days, falling short of 280 days by from 4 to 7 days. So the period 9 months really ends in the tenth month or *dasamasya* of the Hindus.

Reference.

1. Rigveda, V 78, 7, 8; X. 184, 3, Atharvaveda, i. 11, 6; iii. 23, 2, Compare Zimmer, Attindisehes Laben, 366; Weber, Naxatra, 2, 313, N, 1.
2. Satapatha Brahman, IV, 5, 2, 4, and 5, XI, 1, 6, 2; 5, 4, 6-11.
3. Caraka Samhita, Sarirasthana
4. Susruta Samhita.

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5. Bhava Misra, Bhava Prakasa.
6. Smellie's Midwifery, Syd, Soc, Ed., Vol 1, pp. 122-25,
7. Spiegelberg's Text Book of Midwifery, Syd. Soc. Ed., Vol 1, pp 64-65
8. Guy's Forensic Medicine, 3rd Ed. pp 120-25
9. Lyon's Medical Jurisprudence for India, pp. 341-43
10. Wharton and Stille—Medical Jurisprudence, 1884, iii, pp. 41-44
11. Ryan's Medical Jurisprundence and State Medicine, 1836, pp. 259-64
12. William Harvey, Generation.
13. Barnes, Obstetire Medicine and Surgery, 1884, Vol. 1, pp. 306 315

Av. III. 23 FOR FECUNDITY.

"येन वेहद् वभूविथ" इति तृतीयसूक्तेन पुंसवनकर्मणि वाणम् अभिमन्त्र्य स्त्रिया मूर्ध्नि विव्रहेत् ॥

तथा अनेन सूक्तेन आज्यं हुत्वा शरमणिं संपात्य अभिमन्त्र्य वध्नीयात् ॥

तथा [फाल] चमसे सरूपवत्साया गोर्दुग्धे व्रीहियवौ प्रक्षिप्य आलोड्य अभ्यक्षे विव्रहेत् ॥

तथा पलाशविदार्यौ एकत पिष्ट्वा चनेन सूक्तेन अभिमन्त्र्य दक्षिणेनाङ्गुष्ठेन स्त्रिया दक्षिणस्यां नासिकायां नस्यं कुर्यात ॥ सूत्रितं हि । "पुंसवनानि रजउदासायाः पुंनचवे येन वेहद् इति वाणं मूर्ध्नि विव्रहति" इत्यादि [कौ ४, ११] ॥

प्रथमा ॥

येन वेहद् वभूविथ नाशयामसि तत् त्वत् ।
इदं तदन्यत्र त्वदप दूरे नि दध्मसि ॥

येन वन्ध्यात्वापादकेन पापेन तच्चन्यरोगादिना वा हे नारि वेहत् गर्भधातिनी वन्ध्या वभूविथ भवसि । तत् पापादिकं त्वत् त्वत्तः सकाशाद् नाशयामसि नाशयामः अपहन्मः । इदं तत् नष्टसजातीयं वैहत्त्वापादकं पापरोगादिकं पुनर्यथा त्वयि नोत्पद्यते तथा त्वत् त्वत्तोन्यत दूरे दूरदेशे अप नि दध्मसि अपनिदध्मः अपक्षिपामः ।

Charm For Obtaining A Son.

1. That which has caused thee to miscarry do we drive away from thee, that very thing do we deposit outside of thee away in a far place.
—*Bloomfield.*

1. By what thou hast become barren, that we make disappear from thee ; now we set down elsewhere, far away from thee.
—*Whitney.*

द्वितीया ॥

2. ओ ते योनिं गर्भ एतु पुमान् बाण इवेषुधिम् ।
आ वीरोत्र जायतां पुत्रस्ते दशमास्यः ॥

हे स्त्रि ते तव योनिम् प्रजननस्थानं पुमान् पुंस्त्वोपेतो गर्भ एतु आगच्छतु । तव दृष्टान्तः । बाणः इवेति । यथा बाणः इषुधिम् निषङ्गं स्वावासस्थानं स्वभावतः प्राप्नोति तद्वत् । अनिवारितगतिर्गर्भः स्वस्थानं प्रविशतु इत्यर्थः । स च ते त्वदीयो गर्भः [पुत्रः पुत्रत्वेन परिणतः] दशमास्यः दश मासान्

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भृत: तावत्कालभरणेन सर्वावयवसंपूर्ण: वीर: वीर्येण बलेन उपेत: सन् अव अस्मिन प्रसूतिकाले आजायताम् अभिमुखम् उत्पद्यताम् ।

2. Into thy womb shall enter a male germ as an arrow into a quiver ! may a man be born there, a son ten months old.

—*Bloomfield.*

2. Unto thy womb let a fœtus come, a male one, as an arrow to a quiver ; let a hero be born unto thee here, a ten months' son.

—*Whitney.*

तृतीया ॥

3. पुमांसं पुत्रं जनय तं पुमाननुजायताम् ।
भवासि पुत्राणां माता जातानां जनयाश्च यान् ॥

हे नारि त्वं पुमांसम् पुंस्त्वोपेतं पुत्रं जनय । अनुतस्योत्पन्नस्य पुत्रस्य अनन्तरं पुमानेव जायताम् पुत्र एवोत्पद्यताम् । एवम् अविच्छेदेन जातानां पुत्राणां त्वं माता भवासि भव । यांश्च पुत्रान् तत: परं जनया: जनयै: । तेषामपि माता भवेत्यर्थ: ।

3. A male son do thou produce, and after him a male shall be born ! Thou shalt be mother of sons, of those who are born, and those whom thou shalt bear —*Bloomfield.*

3. Give birth to a male, a son ; after him let a male be born ; mayest thou be mother of sons, of those born and whom thou shalt bear. —*Whitney.*

चतुर्थी ॥

यानि भद्राणि बीजानृषभा जनयन्ति च ।
तैस्त्वं पुत्रं विन्दस्व सा प्रसूर्धेनुका भव ॥

भद्राणि भन्दनीयानि अमोघवीर्याणि यानि बीजानि ऋषभाश्च गोषु जनयन्ति वत्सरूपेणोत्पादयन्ति । तै: तथाविधैरमोघवीर्यैर्बीजै: हे नारि त्वं पुत्रं विन्दस्व लभस्व । सा त्वं प्रसू: प्रसूता सती धेनुका भव । धेनुरेव धेनुका । स्वार्थिक: क: । धेनुवत् सपुत्रा वर्धस्व । सुतापत्या मा भूरित्यर्थ: ॥

4. By the effective seed which bulls put forth, do thou obtain a son ; be a fruitful milch cow. —*Bloomfield.*

4. And what excellent seeds the bulls generate, with them do thou acquire a son, become thou a productive milch cow.

—*Whitney.*

पञ्चमी ॥

5. क्लृणोमि ते प्राजापत्यमा । योनिं गर्भ एतु ते ।
विन्दस्व त्वं नारि यस्तुभ्यं शमसच्छमु तस्मै त्वं भव ॥

हे नारि ते तव प्राजापत्यम् प्रजापतिना ब्रह्मणा निर्मितं प्रजोत्पत्तिकरं कर्म क्लृणोनि करोमि । ते तव योनिम् गर्भाशयस्थानं गर्भ: एतु अभिगच्छतु । ततस्त्वं पुत्रं विन्दस्व लभस्व । कीदृश: स पुत्र

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इति विशिनष्टि। यः पुवः तुभ्यं शम् अकृत सुखहेतुर्भवेत्। तस्मै पुवाय त्वमपि शं सुखहेतुः भव। भवसीत्यर्थः। तं पुवम् इति संबन्धः॥

5. Prajapati's (the Lord of creatures) work do I perform for thee, may the germ enter into thy womb! Obtain thou, woman, a son who shall bring prosperty to thee, and bring thou prosperity to him. —*Bloomfied.*

5. I perform for thee the (ceremony) of Prajapati; let a fœtus come to thy womb; acquire thou a son O woman, who shall be weal for thee, weal also for him do thou become. —*Whitney.*

षष्ठी॥

6. यासां द्यौः पिता पृथिवी माता समुद्रो मूलं बीरुधां बभूव।
तास्त्वा पुत्रविद्याय दैवीः प्रावन्त्वाषधयः॥

यासां वीरुधाम् विरोहणस्वभावानाम् ओषधीनां द्यौः द्युलोकः पिता वृष्ट्यादिकर्मद्वारेतःसेकेन जनयिता [बभूव] भवति। तादृशस्य रेतसो धारणेन पृथिवी [यासां] माता जनयित्री भवति। समुद्रः समुन्दनशीलः जलराशिरेव यासाम् उत्पत्तौ उत्पन्नानां च वृद्धौ मूलम् मूलकारणं भवति ता दैवीः दानादिगुणयुक्ता दैवतरूपा वा ओषधयः पुत्रविद्याय पुत्रलाभाय त्वा त्वां प्रापन्तु प्रकर्षेण रक्षन्तु।

6. The plants whose father was the sky, whose mother the earth, whose root the (heavenly) ocean,—may thou divine herbs aid thee in obtaining a son. —*Bloomfield.*

6. The plants of which heaven has been the father, earth the mother, ocean the root,—let those herbs of the gods favour thee, in order to acquisition of a son. —*Whitney.*

III. 23. For Fecundity. Commentary.

The Kausika practices are :—

1. After menstruatiin, an arrow is broken over her head and is fastened upon her as an amulet.

2. She is given a drink of cow's milk, rice, barely, two *adhyanda* plants, Palasa (*Butera frondosa*) leaves, and Vidari (*Batatas Paniculata*). This is put into her right nostail with his right hand.

Vidari is considered as tonic, alterative, aphrodisiac, demulcent and lactagogue. It is given to woman for increasing the secretion of milk.

Stanza 1.

वेहद् = Barren, sterile or liable to abort.

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Stanza 2.

योनि = Uterus, gerative organs.
गर्भ = fœtus.
दशमास्य = Ten Months' child, see before. Ten lunar months are meant, *i.e.* 280 days.

The male germ is the spermatozoa. It enters the uterine cavity and there conception occurs.

Stanza 3.

In vedic times it was believed that conception may be helped by herbs. This belief still exists among the people who resort to Kavirajes who by suitable medicines, ractify the morbid conditions of the uterus.

Stanza 4.

धेनुका = Mother with a living son; in opposition to the mother of still-born child.

Stanza 5.

योनि = Womb.
गर्भ = Fœtus.

On this belief of the Hindus about the power of the physicians to cause pregnancy by remedial agents, we may quote Strabbo here "They are able to cause persons to have a numerous offspring, and to have their male or female children, by means of charms."

Health and Hygiene

—:o:—

HOW TO KEEP FIT

By A Harley-street Specialist.

Sun-Bathing at Home

The season for sun-bathing is, we hope, "about to commence." Therefore a few hints on the subject should be of use to many readers.

Sun-bathing can be taken on the floor just inside the open window of any room facing south, the altitude of the sun being now enough to enable the bath to be taken close under the window ledge, which ensures privacy.

For people of average health the best plan is to strip to the waist and expose the back to the sun about mid-day for ten minutes in the

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case of dark- haired people, or five minutes for fair-haired people for the first exposure. The nape of the neck should be covered. If no inflammatory reaction follows this exposure, it can be repeated "back and front" the next day, and the dosage and area of skin exposed gradully increased as time goes on

A long first exposure is definitely harmful. Later, if the skin becomes nicely pigmented, it is safe to expose it to sunlight for a considerable time, but the tolerance of each individual can only be ascertained by experience.

Common symptoms of over-exposure other than obvious inflammation of the skin are lassitude, or, conversely, irritability and sleeplessness, headache or rise of temperature. Peoole in ill-health should, if possible, seek the advice of a competent medical man before sun-bathing.

Coffee After Dinner.

In one of these notes the use of coffee as a beverage was favourably discussed. The small cup of black coffee taken after lunch or dinner is a different thing and should be reviewed under a separate heading.

By many people it is still regarded as a stimulant to digestion and its position in this respect is somewhat curious, because, according to physiological evidence, it appears to retard this process.

On the other hand, there appears to be little doubt that most people who have eaten a satisfying meal feel actually more comfortable if they end it with a small cup of rather strong coffee.

This experience is more marked after lunch than after dinner, and it seems not improbable that the coffee counteracts the bad effect of activity immediately after food. Nowadays few people have either time or inclination to go to sleep directly after lunch or dinner, though this is physiologically a sound thing to do, and a habit common to most of the carnivorous section of the animal kingdom.

Possibly the coffee checks the undue hurring of food through the first part of the digestive tract caused by activity after meals. The actual stimulation of the heart by the caffein does not take place until about two hours after the coffee is taken, so that is not the factor concerned.

Ices are Wholesome.

With many people the idea is prevalent that Ices are unwholesome. If they are properly made this is not the case for the average person, and it is well that this should be known owing to the facilities offered for making them with the aid of modern refrigerating plant that can be worked off the electricity supply.

There is a wide choice of material, and very wholesome ices can be made with mixtures of fruit pulp or juices with cream, milk or water.

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For sick people in certain conditions they are very useful—especially in some fevers, when they are not only refreshing, but aid in reducing the temperature of the patient.

Ices made from fresh currants, raspberries or gooseberries are rich in vitamin C as well as those made with orange or lemon juice.

The fact that many people have been poisoned by ices purchased in the streets from vendors using unclean methods need not cause uneasiness regarding ices made at home or in clean establishments.

Theoretically ices retard digestion by chilling the stomach, but this effect would scarcely make itself felt towards the end of a meal when the circulation of blood in the digestive organs is proceeding rapidly.

Drinking with Meals

The question of fluid in diet has been referred to in previous notes, but many people ask if it is a good or bad practice to drink with meals, and this question demands a separate answer.

Undoubtedly there are people suffering from certain disturbances of digestion who are best advised to take their fluids an hour before or two hours after meals. Nevertheless the average person appears to be better when drinking with meals.

For these, probably the best practice is to sip their drink from time to time during the course of the meal. To start this by taking a long drink is apt to upset normal digestion, not only by over dilution of digestive juices but actually by checking their normal flow.

For this reason the taking of soup as a first course is inadvisable—yet the practice survives in spite of the attention that has been called to it from time to time. Probably the best place for soup as a course—if it must be taken—would be after the meat course. By that time the secretion of digestive juices should be well under way.

If soup is taken as part of a meal, then in any case the amount of fluid drunk with the meal should be proportionately reduced, but a tumblerful of water is the least that the average man should drink.

Care with "Slimming" Diets

Although "slimming" diets may greatly benefit some people, by many women they are being carried to excess. The best method consists of a reduction of the quantity of food as a whole plus a substitution of salads and fruit juice for the more solid dishes—especially starch puddings.

This is frequently overdone. The rigours of the dietary that some women adopt remind us of Mark Twain's story of the man who experimented with his horse in seeking for the least quantity of food on which it could be sustained. He boasted that he had reduced it to one straw

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a day and would have succeeded in keeping it altogether without food had the animal not died before the conclusion of the experiment.

Many advances have been made recently in the knowledge of dietetics, only to be turned into ridicule by people who must spoil a good thing by overdoing it.

One of the earliest means of reducing fat by special diet was advocated several generations ago by Dr. Banting. His principle lay chiefly in the reduction of starch and fluid. A fallacy still overlooked by those who follow it is the belief that baked bread or toast is less fattening than the fresh loaf.

Those who eat little should be specially careful to eat the right things, particularly in regard to their vitamin content.

Medical News and Notes.

——:o:——

BEST TYPES HAVE THE LARGE FAMILIES

A Doctor's Reply to Mr. Aldous Huxley.

"EVENING STANDARD."

Eugene K. Coyne of Leigham Court Road, London, Says--I am sure that Mr. Aldous Huxley, whose own mental attributes I hold in high esteem, could not have wished to be offensive when he stated in the 'Evening Standard" that "the only people who have large families nowadays are the mentally deficient." Yet this pernicious dictum must not go unchallenged.

How, in the name of reason and decency, did he arrive at this conclusion ? And how has he had the persistent ill-luck not to have had the entree of some, at least, of the happy homes of large families ?—for otherwise he could not have uttered this great libel. My professional duties bring me, naturally, into many homes every day, those of the poor and rich alike, and I can confidently state that the best types of men and women are of those who have the larger families.

And therein, I think, that greatness is also thrust on them, as well as happiness ; for the many problems incidental to the care of a large family must bring wisdom as well as a great unselfishness.

And this is largely our trouble to-day, that we are still suffering from shell-shock, with its attendant symptoms of cowardice and lack of confidence. And the result is that in an attempt to justify ourselves we dub the braver ones foolhardy and mentally deficient.

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Hugh Blaker also says—

I must take exception to Mr. Aldous Huxley's theory that the only people who have large families nowadays are the mentally deficient. Humanity has not sunk quite so low as visionary philosophers imagine.

A friend of mine, a bargee, has sixteen or seventeen children, all cared for, well clothed and fed. Far from being mental deficients, both he and his wife are particularly alert. Being workers rather than pleasure hunters, their heaven is in their home, and many "superior" couples might well envy such an existence

We may talk of mental deficients, but is there not something to be said against intellectual deficients?

MEDICAL TIT BITS

"Visible" Heart-Beats.

I have just heard details of the very latest aid to surgery. It is the invention, by an American surgeon, of an instrument which can record the beats of the heart during an operation.

The heart-beats are on a moving paper, which is easily visible, and, moreover, the ticking of the instrument caused by each beat is audible to the surgeon as he operates.

The behaviour of the heart during operations is, of course, of vital importance. At present the responsibility of notifying the surgeon of any significant changes rests with tre anæsthetist, who relies on the pulse as a guide.

A SURGEON'S OPINION.

In certain circumstances this invention would be of great value, but I rather doubt if a Harley-street surgeon, assured of a skilled anæsthetist, would relish having his attention distracted, however slightly, from his task.

At any rate, one distinguished surgeon with whom I discussed this new invention was a little dubious about the effect on himself of the sound of the patient's heart continually beating in his ears whilst he was operating.

What did interest him was the possibility of being able to ascertain at a glance the condition of the heart. This he thought, might be of great value.

SAFETY IN ANAESTHETICS.

The disclosure of the City Coroner, Dr. Waldo, that of fifteen deaths under anæsthetics which he has investigated during the past year all save three had been accelerated by ether will, I fancy, surprise even the

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medical profession, for a few years ago chloroform was the anæsthetic commonly involved in these cases.

Ether is looked upon by most medical men—though not by all—as the safest anæsthetic, especially if administered by the open method that is, well mixed with air.

A medical friend suggests to me as the probable explanation of Dr. Waldo's figures that ether is now more generally used than chloroform, and he adds that especially will this be so in serious cases. If this is the fact, the greater number of deaths following its administration in no way detracts from its reputation as the safest anæsthetic.

NOTHING LEFT TO CHANCE.

There is no question that operations, as conducted to-day, are immeasurably safer than even a few years ago. In a well conducted operating theatre such as is to be found in all our hospitals everything humanly possible is done for the comfort and safety of the patient and for the convenience of the surgeon. Nothing is left to chance.

Incidentally, the seriousness of an operation cannot always be judged by the time required for its completion. In this respect the plastic surgeon is, I imagine, the most sorely tried, for while plastic surgery cannot usually be classed as dangerous, the time taken over a comparatively small phase of a "rebuilding" process often runs to hours.

———

HEART ON THE WRONG SIDE.

Dr. Hugh G. Mitchell, of Maidstone, Kent, describes in the "British Medical Journal" how a man, who died from meningitis after an operation, was found to have the heart and spleen on the right side. The liver and appendix was on the left.

He had been passed for the police force as fit.

———

DO YOU WANT TO LIVE FOR EVER?

LIVING FOR EVER.

"There is no death," wrote M. Maeterlinck, who, being a poet, has no scientific standing and must be regarded with suspicion. "*There is no natural death,*" says Mr. Park Harnon, and here we are on sterner ground, for Mr. Harnon is a retired paint manufacturer of St. Louis, Missouri, U.S.A., and a multi-millionaire.

He has just "said a mouthful" on the possibility of living for ever. More than that, he is going to have himself and a young Russian couple live for at least a *couple of centuries. Yes sir!*

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The thing is quite simple. *No clothes*, no meat, *orange juice*, *sleeping for twelve half-hour* periods on a log, and walking on all fours.

Two Hundred Years Hence.

If after two hundred years of sleeping on a log and *walking naked on all fours* Mr. Harnon and his brace of Russians do not long for *death as pasionately* as did the Wandering Jew, I should express surprise —if I were in a condition to express anything at all in *A D. 2130*

It must be admitted, however, that the desired for *longevity to the nth* degree is fairly widely implanted in the human race, and as science marches on, the desire naturally grows stronger. And it is not only the cranks, the nudists and the nut-eaters, who consider the problem

Gland Grafting.

Professor Crew, of Edinburgh University, only a fortnight ago declared that "it has been adundantly demonstrated that life can, *and does*, *continue without ceasing*." Norman Hair, of Harley street, has told us, that body tissues can be kept alive indefinitely by immersing them in certain fluids. Professor Steinach, of Vienna, prolongs life in animals by *gland grafting*.

Professor Hartmann, of Dahlem, tinkers about with "*amœbæ*"—tiny amorphous cells—and has demonstrated that if 80 be taken as a fair age attainable by man, man may, if treated as the professor treats "amœbæ," live to 4800 years. This makes Mr. Harnon, logs and Russians and all, seem very small beer.

Truth—or Li?

Yet the human beings who have actually lived long, from Old Parr to the terribly old Turk now receiving ovations in America, have not been cranks, nor have they had any contact with professors, gland-grafting, or "amœbæ."

In China there is even said to be a man of 252, whose beard turned white the year Napoleon escaped from Elba.

His name is Li. Which is rather unfortunate.

LISTENING-IN TO THE HEART.

An apparatus with which it is possible to listen to the human heart through a wireless headphone has been installed at University College Hospital, London. The heart sounds are amplified, and an indicator records the rate and strength of the beats.

I wonder what the older school of physicians will say to this. At the time when phonendoscops—instruments for amplifying heart sounds—were first introduced they were looked upon as a little dangerous because "one heard too much."

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STETHOSCOPE NOT ENOUGH.

In this connection I note with interest the view of the medical superintendent of a Danish sanatorium, who has just published a report declaring that the stethoscopic signs of early tuberculosis are quite negative.

For the proper early diagnosis of pulmonary tuberculosis, says this authority, the stethoscope must be supplemented by serial skiagrams, etc.

The "Lancet" to-day offers the opinion that the stethoscope will survive as long as man retains his intelligence, but none the less the days when a physician's outfit consisted of a stethoscope and a clinical thermometer are gone for ever.

OPERATE OR NOT?

Doctor's Dilemma.

A doctor's dilemma and a vain effort to save a woman's life were described *at a Brixton*, S. W, inquest on Mrs. Lavinia Boykett, aged 75, wife of the Rev. Frank Boykett, of Wembley Park, Middlesex.

Miss Tyndall Roberts, senior anæsthetist at South London Hospital for Women, said that she suggested to the senior surgeon that an anæsthetic could not be given unless the operation was absolutely necessary. The patient's pulse was poor. It was decided that was a case of either allowing her *to die or of operating*.

The anæsthetic was given and heart failure set in before the operation could be begun. Stimulants were administered and artificial respiration tried for 20 minutes without success.

Dr. Edward Creed, a pathologist, said the woman had peritonitis and, in any case, would have died within a short time.

CANCER TESTS.

Doctor and a New Field of Research.

During the past year Dr. J. A. Shaw-Mackenzie has been continuing his work at the Ross Institute on blood changes in cancer, and in an appendix to the annual report of the Ross Institute, issued recently states that the natural return of the blood to normal in favourable post-operative cases shows that the body is able in cancer to defend itself, or attempt to do so.

Further investigation would, he suggests, "open up a new and wide field of research in the fresh outlook and hope of prevention of recurrence and spread of the disease."

Dr. Shaw Mackenzie adds :—

"The trend of opinion seems to be in favour that cancer cannot be regarded as a single disease or attributed to any one cause."

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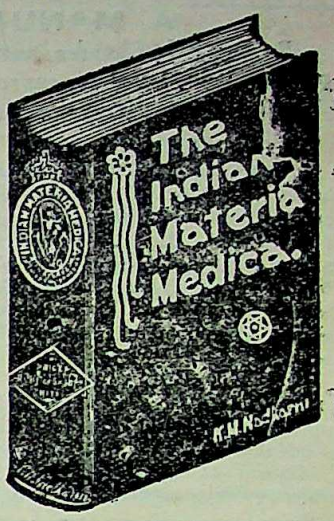
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or the Hindu System of Medicine.

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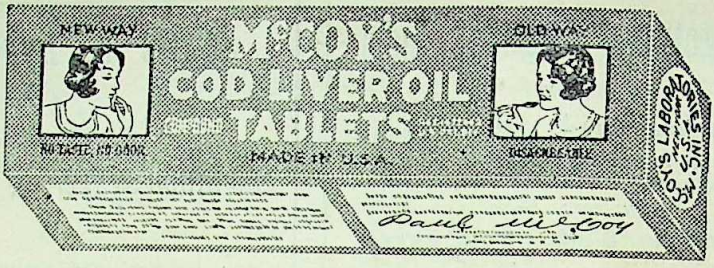
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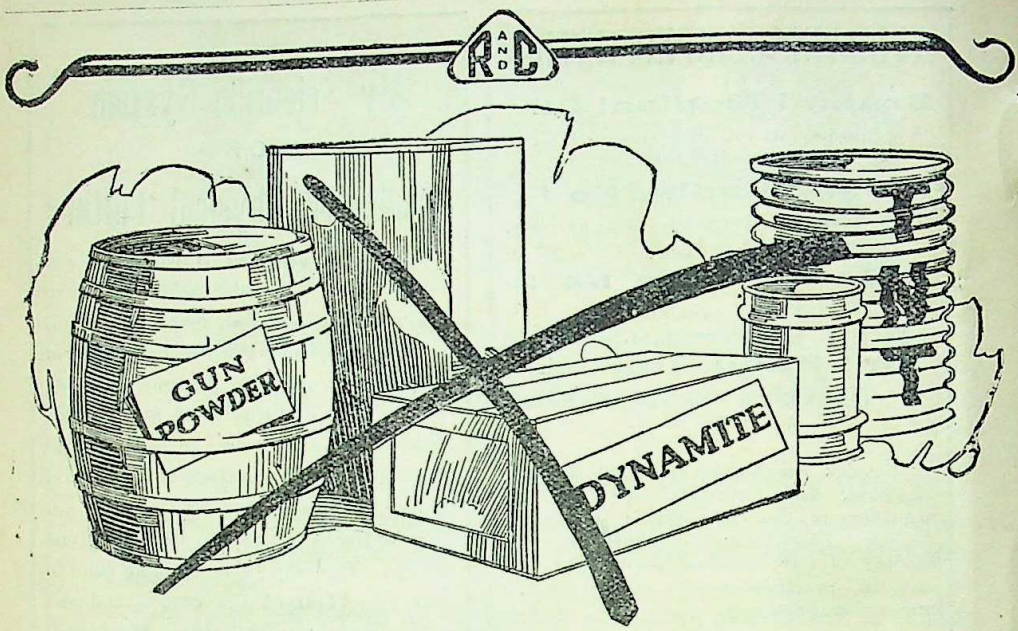
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THE JOURNAL OF AYURVEDA

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The British Medical Council and The Indian Medical Councils.

The British Medical Council has been referred as a highly well organised and Governing Body in the leading papers recently, as compared to Indian Medical Councils, which are supposed to follow its rulings and byelaws. There is no doubt a need of General Medical Council or Supreme Medical Council or some such other organisation for India, which shall direct the proper working of the various Branch Medical Councils. The present Indian Medical Councils, the Bombay Medical Council in this instance, have not followed the decision of the British Medical Council on the most important subject (status of the British Medical qualifications as compared to Indian Medical qualifications). The British Medical Council in its real name is called the General Medical Council of Education and Registration up to the present time. It may henceforth be called the British Medical Council but that remains to be seen as Ireland has a separate Council of its own established from last year. The British Medical Council is different from the British Medical Association, which is an Association formed by the medical Practitioners. Let us quote the instance in which the Bombay Medical Council could not oblige the real values of different qualifications that are registrable in the British and Indian Medical Registers. The Governor in Council directed to refer to the Bombay Medical Council. The Bombay Medical Council directed to refer to the College of Physicians and Surgeons Bombay, who in reply to inquiry, informed that no such information was avaible from there. If the Bombay

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Medical Council on the subject could not pronounce the judgment, who else could? The matter was referred to the General Medical Council of Education and Registration in London, and their decision sent to the various authorities. But still there is no change in the alteration. The Government of India was also referred and different Medical Councils and higher authorities such as the Director General, Indian Medical Services, who is supposed to be the head of All Indian Medical Services, but without any definite clearness on the subject or without any reply. How is it then that the British Medical Council has a supreme control? Any governing Council or governing Body that exercises control over medical ethics and Registration should be perfectly justified in assigning the relative values of different qualifications, that are registrable in the British and Indian Medical Registers. The power so dedicated is not really thus helping when assigning the value of the different qualifications. There should be no fervour or foster for not assigning the relative values of different qualifications that are purely British English qualifications. *In fact any qulification granted by any authenticated corporating Body, recognised by the general public should be properly and adequately made known of its value, whether it be Allopathic, Homœpathic, Ayurvedic, Unani Indigenous or eclectrical.* The Government Circular in particular defines the status of certain higher Indian Medical qualifications. The Surgeon General with the Government of Bombay writes to say now, after years of correspondence, that the qualification in particular is not specifically stated in the Government Circular. Now who is to advise the Government on Medical matters? When certain things are not defined clearly one has to go by the legal books and higher authorities or define them more clearly when necessary. Such definitions must come from those who hold high official posts or responsible public positions or from the Governing Councils.

K. M. H.

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Original Articles

AYURVEDIC THERAPEUTICS

OR

THE THEORY OF RASA, VIRJA, BIPAKA & PRAVABA

BY

VAIDYABHUSANA PURUSOTTAM SASTRI HIRELEKER,

AMRAOTI.

(Continued from our last issue)

Chitraka becomes the diminisher of Kapha because of its hotness and of lightness. That is to say, wherever there are Kaphaja diseases, it acts upon them effectively by its Kapha-diminishing and digestive properties. So, all these properties are due to its Veerya, and there is no mention of Prabhava, a quality acting upon a particular part. The reason is apparent, as there are none of such specialities. If we look at the similarity of Chitraka with the human bodily parts, its useful part is the juice in the barks of its roots, which has similarity with the juice in the thick fleshy pieces of the body. From this, it seems it will be useful on the disorders of the juice in flesh which is thick, or deep swelling, and the Kushthas in the internal skin or the Big Kushthas. Kaphaja Piles is a sort of fleshy swelling in the Anus wrinkles. So Chitraka will undoubtedly be useful there also. But as it possesses burning heat, it must be cautiously used. Its special actions will then be seen on thick swelling and Big Kushthas, and it will be generally stomachic and digestive. These Kapha-diminishing properties are due to its Veerya, that is to say, these are the whole-bodily actions of Chitraka. In the treatises on Treatment, its use has been restricted to swelling, piles (from Kapha) and Kushthas. The description of Chitraka should, therefore, be as follows :—

Chitrak.

(1) *Pungent Juice*—from which stickiness of the mouth, loss of appetite and heaviness of the tongue are removed.

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(2) *Vipaka* :—Pungent ; (by which it is) the best digestive, stomachic, curing indigestion and the consequent diseases in the intestines, looseness of intestines, ooziness, liquidity and looseness of the Grahani (the internal portion of Caecum), it is cauterizing and causes to flow water.

(3) *Veerya* :—Hot and light which causes heat in blood and other Dhatus, and is the curer of all diseases from Kapha.

(4) *Prabhava* :—Mainly curing swelling from Kapha, Kushthas chiefly of Kapha and resorting in flesh and fat, and very useful on Kaphaja Piles.

If such be the method of description, there would be no difficulty in fixing the gradation of properties.

2. *Haritaki* (Terminalia Chebula).

Haritaki's text properties are (Vagbhat) :—

कषाया मधुरा पाके रूक्षा विलवणा लघू।
दीपनी पाचनी मेध्या वयसः स्थापनी परा ॥ १ ॥
उष्णवीर्य्या सरा च्छ्या वृष्येन्द्रिय बलप्रदा।
कुष्ठ वै वर्ण वैरस्य पुराणविषमज्वरान् ॥ २ ॥
शिरोऽक्षिपांडुहृद्रोग कासलाग्रहणीगदान्।
अर्शोघ्नी क्रातीसार मेदोमोहवमिकृमीन् ॥ ३ ॥
श्वासकासप्रसेकार्श: प्लीहामाहगरोदरम्।
विबंधं क्लोतसां गुदभूरुस्तंभमरोचकम् ॥ ४ ॥
हरीतकी जयेद्वाधीस्तांस्तांश्च कफवातजान्।

(अ ह सू स्था. अ ६).

(*i. e.*, Haritaki contains all the Rasas except the Lavana (salt), chief among them being Astringent. It is sweet by Vipaka, light, dreary, hot, stomachic, digestive, increasing grasping power ; it retains youth, is laxative, invigorating, increases talent and the power of the organs of senses, and is the curer of Kushthas, paleness of the skin, hoarseness, low and remittent or intermittent fevers, Headache, Ophthalmia, Anaemia, Heart Disease, Jaundice, Sprue, Tuberculosis, Anasarca, Diarrhoea, Obesity, Fainting, Vomiting, Worms, Asthma, Cough, Watering of the mouth, Piles, Spleen, Tympanites, Ascites from a factitious poison, obstruction of the intercellular spaces, Abdominal Tumour, ऊरुस्तम्भ (Heaviness of the Thighs), and loss of appetite.

The properties of Haritaki have been described even in more details in other works. If looked at them, it seems that Haritaki will alone suffice to cure most of the diseases. But all of its

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properties must be considered according to their gradation. All these properties of one substance cannot equally be effective in all diseases. A classification of them as to their gradation must be made. Let us then see how this classification is made under the laws of Rasa, Vipaka, etc.

1. *Rasa* :—There is no Lavana Rasa in Haritaki. It has more proportion of other five Rasas than in any other substance. That is to say, the absence of Salt Rasa and the existence of other five ones in more quantity are the specialities of Haritaki. Other substances have one or two chief Rasas and amongst them one at the most is clearly perceptible and the rest unclear. Having, therefore, five Rasas it has naturally more power of working than any other in all the substances of the body which have six Rasas. Besides, in all the Rasas, Salt is, by principle, a bad Rasa, because it creates a bad effect of Ksharana or wasting away, and that is absent in Haritaki; that is to say, there is no wasting property in Haritaki. In this way, there are these five Rasas in Haritaki. But amongst them all, Kashaya or astringent is the most perceptible. Astringent Rasa is originally purifier, witherer, and pressor (पीडन). But being associated with Madhura and other Rasas, its withering property does not create a lasting effect, as the effects of other Rasas are also added to the same, That is to say, astringency causes purification of the spoiled water, etc. at the beginning, which is required to be effected. But before it commences to effect its withering action, actions of Madhura and other Rasas begin. Amongst them, Madhura itself being the Vipaka, actions of the Madhura Rasa are more lasting, so the effects of this substance (Haritaki) inferable from its Rasa are purification of the mouth, gums, tongue, etc., without causing any dejection, but on the contrary giving nutricient effect on account of the Sweet Rasa. Therefore, loss of appetite, Stomatitis, diseases of the teeth, those of the throat are cured by its purifying but uncauterizing quality. These diseases are cured by means of its gargles.

2. *Vipaka* :—Vipaka of Haritaki is sweet, so the effect in the intestines becomes undejectig. But there is one peculiarity. The purification of spoiled water being the property of its astringency while it is changed into the sweet Vipaka as also the action of pressing or torturing of same both firstly causes looseness of the bowels and Haritaki then becomes a

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laxative while it undergoes the stage of digestion (अपक्व वमनं दोषानपच्यमानं विरेचनम् (अ. हृ) *i.e.* Emetics in the undigested state and purgatives in the state of being digested do their action of removing spoiled substances—Vagbhat). The same through its Madhura Rasa which creates a pleasing action stops Diarrhœa and Sprue, which are caused on account of the laxation which arises through the excitation of the bowels. If a close consideration is given to these contraries, they will seem to be only apparent. Truly, astringent Rasa is a restrainer, and instead of producing Diarrhœa (laxation), it must cause constipation, as in all other parts of the body the action of its astringence really becomes restraining. But with all this, whenever there is abundance of bile in the intestines, the canals therein become contracted on account of dejection and cauterization, resulting from the same, and the secretion of bile not being satisfactory, its accumulation increases cauterization. In such a case, therefore, a mixture of astringent and sweet Rasas produces laxation. Because both of these Rasas being undejecting, the former by touch and the latter by nature, produce a pleasing sensation in the bowels. By this pleasing sensation, contraction from dejection is removed and the accumulated spoiled bile which is on the point of flowing begins to ooze. Besides this, the torturing quality of astringence puts a pressure on the intestines, and the spoiled bile and liquid begin to excrete, and through the excitation of the intestines and on account of this spoiled liquid, purgative action takes place. Again these astringent and sweet Rasas bring proportionate contraction and strength to the bowels by their pressing and pleasing qualities respectively, and there remains no looseness or weakness in them. With this object, astringent and sweet substances should be used as purgatives on the bile (Pitta) disorders (कषायमधुरैः पित्ते विरेचकः—Vagbhat). (There should be purgatives of astringent and sweet substances in Pitta disorders). These very substances prove useless, if there is abundance of disorders of other Doshas. But here (in Pittaja), attention must be given to the proportion or doses. If the dose is less, the pressure will be less and then the restraining action that is effected in little degree will not secrete the liquid but cause to contract the canals. Accompanying sweetness, however, lessens excitation and cauterization caused from the bile. So this dose is effective in diminishing Diarrhoea. Before trying to use purgatives or their contraries, great pre-

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cautions must be taken to ascertain the actual condition of the intestines and to fix the accurate proportion of doses. If the same are not taken, possibly the reverse effect will take place. In Grahani (Internal part of the Caecum), there is nothing like liquidity. (त्यक्तद्रवत्वं पाकादिकर्मणऽनलशाहितम्), so there is no laxation produced by Haritaki, and restraining and removing of excitation or dejection take place there. In this way, Haritaki in its state of being digested becomes laxative as well as contracting, helping thus disgestion to go on smoothly on account of its purifying quality (not creating bile), that is to say, there are stomachic, digestive, curing of sprue, internal cauterization, etc. properties in it. But the same properties are from its Vipaka.

3. *Veerya* :—The Veerya of Haritaki is hot accompanied by dreariness and lightness. It has not got much hotness or rather it (hotness) denotes that it is not cold, as it does not create any troublesome hotness. It must, however, be called hot inasmuch as the same brings about digestive and stomachic actions. So also dreariness and lightness (two varieties of Veerya) are also chiefly existant therein. So Haritaki is generally useful in the diseases of Kapha, i.e., from the abundance of coldness, greasiness and heaviness, and, therefore, in the general properties, it is said to be destroying the diseases of Kapha and Vata. The diseases of Vata are not those of Vata alone, but those caused from the obstruction of the Vata's path by the irritaion of Kapha. Dreariness and lightness are not the diminishers of Vata, but on the contrary, increasers of the same, so that they will be useful in hindered Vata only. The increase of talent, grasping power etc. are due to a sort of cleanliness and lightness gained from its astringence. How do its life-prolonging and lasting (retaining youth) properties happen to arise ? As there are all the Rasas in Haritaki, it has the power to produce all sorts of Dhatus and from the absence of the Salt Rasa, it protects them from wastage. Owing to the abundance of astringence, all the bodily Dhatus remain very clear, and by the Sweet Rasa and Vipaka, the productivity of the Dhatus works quite healthily. So the action of productivity is quite all right and by the absence of destructive Rasa (Salt), wastage is small and, therefore, slow. If Haritaki is used for many days continuously, the production of very clear and naturally lasting bodily Dhatus is effected, and their particles get worn out very late. In this way is longivity obtained from the use of Haritaki. By the same qualities and by astringence, the

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waste matter of the Dhatus is cleared off and productivity being increased by its Sweetness, low fever and remittent and itermittent fevers which are produced from the wastage and the disorder of the Dhatus, pass away. Kushtha and other skin diseases are cured on account of destruction of the cauterizing liquid in the Rasa, Blood and Flesh Dhatus, through its astringence, and on account of the increase of productivity in the Dhatus from the Sweet Vipaka. Possessing the power of removing spoiled liquid from any place, it proves effective there. Generally, the purification of intercellular spaces is an all-disease-curing action. Because, the question 'why a disease is produced' can be answered briefly as 'on account of dulness of circulation' :—

क्षिप्यमाणः स्ववैगुण्याद्रसः सज्जति यत्र सः।
तस्मिन्विकारं कुरुते खे वर्षमिव तोयदः॥ (अ. हृ शा, स्था)

(*i.e.*, Wherever the Rasa Dhatu, that is continuously thrown off (circulated) in the body is hindered on account of the local weakness (disorder), produces diseases there, just as the cloud in the sky falls in the form of rain where its progress is hindered).

कुपितानां हि दोषाणां शरीरे परिधावताम्।
यत्र संगः स्ववैगुण्याद्व्याधिरुत्वोपजायते॥ १॥ (चरकः)

(*i.e.*, Disease is produced in that place wherever there is the hindrance of the irritated Doshas circulating through the whole body, on account of the obstruction of their path and the local weakness).

The chief cause of diseases is then the hindrance in the circulation of the Rasa Dhatu and that is the medicine wich is the remover of the same. Haritaki being possessed of the property of purifying the intercellular spaces, it is no wonder that it shall be useful on the diseases produced from the obstruction of these spaces. Many qualities of Haritaki are of such common nature. It is used in Anasarca, Tuberculosis, Vomiting, Fainting, Worms, etc. but not mainly. It can be indirectly used on these by its properties of purifying intercellular spaces and destroying liquid. Even though the disorder in circulation of the Rasa Dhatu is generally the producer of diseases, out of these a disease that is produced in a particular part is due to the local affection, and a medicine which acts on this particular part by a particular similarity of qualities is its direct, chief or specific treatment. So, in this way, what is the speciality (Prabhava) of Haritaki?

(*To be continued.*)

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TRIDOSH THEORY OF AYURVEDA

BY

B. V. DEGWEKER M.A., M.Sc., LL.D.

JUBBUELPURE.

It is well known that the very essence of Ayurveda is its Tridosh Theory. I will therefore try to expound it quite in confrormity with the sayings of the Rishis, and thereby to prove that the Tridoshas are actual substances in the body. My line of treatment would be as follows :—

(1) I will first deal with the theories of matter as propounded by the different Sages, ultimately arriving at the Panchabhautic theory of Kapila.

(2) All the substances on the surface of the earth having been proved to be the combinations of the Pancha-Mahabhutas, the relation between the body which is also one of them and all other substances would then be discussed.

(3) The general relation having been thus established, we shall consider the constituents of the Human system, and the difference brought about by external causes in the proportion of these constituents

(4) The Tridoshas being the principal constituents of the Human body that bring about disease, they would be discussed at length.

(5) Last of all, a few terms such as Prasada, Mala and Kitta would be explained in order to prove that the Tridoshas are principal Dhatus, and that according to their description in Ayurveda there is only one and not two forms, Sthula and Sukshma, as suggested by some of the well-known thinkers on the subject.

The theory being one of great importance, I would be glad to receive suggestions which would throw more light on the subject, for I never mean that mine is the last word on the subject.

PANCHABHAUTIC THEORY OF MATTER.

Ayurveda deals with the ailments brought about in the Human system by external as well as internal causes. Wagbhata has clearly stated that

कालार्थकर्मणां योगा हीन मिथ्यातिमात्रकाः। सम्यग्योगश्च विज्ञेयो रोगारोग्यैककारणम्।

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Then again every one of the substances on the surface of the earth has been prescribed in some form or other for removing those ailments. We must therefore try to understand the basic theory of Ayurveda, and underlying principles of that theory in order to be able to make out the direct effect which all these substances produce on the disturded equilibrium of the Human system. That theory is the Pancha-Mahabhautic theory.

The physical elements, which constitute each and every material substance that we can perceive on the face of the earth, have been, after deep thinking and generalisation accompanied with actual experiments enunciated by the propounders of two of the six well known systems of Philosophy, Shaddarshanshastras as they are called. The present day Scientists are apt to believe that Philosophy is a science dealing with mental Phenomenon only and has nothing to do with consideration of existing material substances on the face of the earth. But the Nyaya and Sankhya system have chiefly dealt with the theory of matter, and it is really a source of great pride and admiration to find that the theories propagated by the founders of these two systems are in close agreement with the most modern theories regarding the creation of the Universe.

NYAYA SYSTEM.

Kanada who has propounded the Nyaya system of Philosophy classifies the different objects which we see on the surface of the earth into groups, and after discussing the particular attributes of those groups, arrives at the conclusion that the Universe is composed of atoms which he calls Paramanu. When the process of dividing any substance into parts is continued until it becomes impossible to divide, the ultimate part is termed Paramanu, (literaly the last part). Kanada holds that as these atoms begin to combine, they by combination give rise to fresh attributes (Guna). He holds that mind and body are each composed of atoms, and as these atoms combine, life is produced. Thus according to him the root cause of the Universe is nothing else but atoms which are extremely fine (Sukshma) and indestructible (Nitya). When they begin to combine, the different objects in the Universe come into existence. This theory is technically known as Arambha Wada in Nyaya.

SANKHYA SYSTEM.

This theory compares favourably with the atomic theory of Dalton. But as in the west the atomic theory has now been

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completely exploaded by the Evolution theory of Darwin, so also so far back as 3000 years ago, the atomic theory of Kanada was exploaded by Kapila, the founder of Sankhya system. Kanada is not only unable to state how the Paramanu got into motion in order to combine with another, but the theory cannot also explain how the different progressive stages of the vegitable, animal and human kingdoms belonging to living part of nature were evolved; nor can it prove by what agency lifeless objects could be evolved into those with life. This has been explained in the west in the 19th centuary by Lamark and Darwin, and in the east by Kapil. They both hold that the Universe has been created by the Evolution of one single substance which existed before the Creation started. The Western Scientists formerly held that the whole creation was the outcome of some 90 and odd elements, but later researches showed that some of these elements could be converted one into the other. Recently an experiment is reported to have been performed in Germany where an electric current was passed continuously for eight days through mercury vapour, and a few particles of gold were obtained therefrom. The Electron theory, prof. Einstien's theory of Relativity and Mr. Madame Curie's radium experiments have proved that an atom is made up of positive and negative electric charges and by an addition of these charges, an atom, like say of hydrogen, can be converted into another of a different element. Thus the number of elements is being gradually reduced.

The latest Evolution theory of Darwin holds that the whole solar system is evolved out of a single incandescent mass of vapour, which gradually cooling down, the upper crust underwent a change, and owing to the force of Gravity, portions of it being dislodged from the whole, formed into different planets, one of them being our Earth. As the process of cooling continued, vegetable life came first into existence which was followed by animal, and last of all human creation.

SATKARYA-WADA

Kapila, the founder of the Sankhya system of philosophy, enunciates the first and foremost axiom of his theory, viz. that nothing new is created in the Universe, because Shunya *i.e.* that which did not exist before, would not give rise to anything but Shunya *i.e.* a non-existing entity. There are no two opinions even amongst the Western Scientists as regards nothing being

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produced out of nothing. Therefore whatever attributes one finds in anything which is created, must in a very minute form exist (Sukshma-rupa) in that from which it was created. For example, we find that a big banion tree is evolved out of an extremely small seed by extracting necessary substances it requires from earth, air and water, and thus the same seed has simply changed its form; in other words, the tree existed though in a very minute form in the seed, and under favourable conditions it developed into the tree. Similarly if we burn fuel, its form is changed to ash or smoke, not that the smoke is a new thing obtained by the destruction of the substances in the fuel. If a new substance be supposed to be produced by the destruction of another, why should not curds be obtained from water instead of from milk, or why should we not be able to extract oil from sand instead of from linseed? Thus that which exists now must be obtained from something which existed in another form before, in howsoever minute state it may be. This axiom is known as Satkarya-wada in Sankhya Philosophy. This axiom and the principle of conservation of energy mathematically proved by modern Scientists are practically the same, except this difference that while Satkarya-wada has reference only to the creation of one substance or form of matter from another, the other one is more comprehensive and holds that the sum total of matter and energy in all conditions is always the same.

PRAKRITI

Having admitted the truth of this Wada, it is evident that the creation could not be produced out of nothing (Shunya). It must have evolved out of something which the Sankhyas call Prakriti or Avyakta, and which contains the whole universe in a very minute form (Sukshma). Thus Sushruta who follows Kapila in dilating upon the creation of the Universe in the first canto of Sharirasthana with the heading सर्वभूतचिंताशारीर says :—

"सर्वभूतानां कारणमकारणं सत्वरजस्तमोलक्षणमष्टरूपमखिलस्य जगतः संभवहेतु रव्यक्तं नाम।

तदेकं बहूनां चेतज्ञानामधिष्ठानं समुद्रमिवोदकानां भावानाम्।

It may be stated here that the discussion about Satwa, Raja and Tam gunas of the Prakriti, and their different combinations would require a separate chapter to be written which it is not possible to do now. I therefore proceed to point out the different stages of Evolution starting from Prakriti as origin.

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BUDDHI

Common experience tells us that whenever a human being intends doing anything, he first resolves to do it by the exercise of his will (Buddhi); in other words the resolution to do precedes the accomplishment of everything. Chandogyopanishad says that the Primeval matter first resolved to express itself into many aspects एकोऽहं बहुस्यांप्रजायेयइति and then the creation started. In accordance with this common experience, the Prakriti too, resolves to create the universe; and thus the first stage in the Evolution is the expression of this attribute of resolution व्यवसायात्मकबुद्धी as it is technically called in Prakriti. But the human being, because he is possessed of soul along with everything else, can realise the existence of this Buddhi, while Prakriti which is everything except this soul cannot realise it. This difference is the outcome of life which is manifested in men and not in Prakriti owing to the above cause. Hackel in his work 'Parigenesis of the Plastitude' stated that "without the assumption of an atomic soul the commonest and most general phenomenon in Chemistry are in-explicable. Pleasure and pain, desire and aversion, attraction and repulsion must be common to all atoms of an aggregate, for the movements of atoms which must take place in the formation and dissolution of a chemical compound can be explained only by attributing to them sensation and Will." Thus when we know that even the recent scientists hold that the most lifeless things in the universe do possess a power equivalent to the Buddhi possessed by human beings, but not realised by them, we would appreciate the reasoning by which Sankhya held that Buddhi was the first stage in the evolution of Prakriti. Hence Sushruta says :—

तस्मादव्यक्तान्महानुत्पद्यते तल्लिंग एव। महानिति बुद्धितत्वं। नि० सं०

AHANKAR

The next stage in the evolution is Ahankar. Even after the evolution of Buddhi in Prakriti, we find that Prakriti is still homogenous, while the creation that we see is found to be heterogenous consisting as it does of man, stone, earth, metals and so on. Unless this attribute of differentiation (Prithakatwa) is manifested, we cannot expect to find different objects in the Universe. And therefore the next stage in the process ought to be the evolution of this Ahankar in Prakriti. The root meaning of the word Ahankar is the idea of holding one's own

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entity separately from others. To realise that I (Aham) is different from everything else is Ahankar. This Ahankar cannot be realised by lifeless objects in the universe, while the human being as he is possessed of the attribute soul can realise it, but the fact is certain that unless its presence is assumed, the actual existence of different objects with different shapes, sizes, specific gravities and so on cannot be explained. The idea of existing separately from others is Ahankar and so this is the next stage in the evolution process. Hence Sushruta says—

तल्लिंगाच्च महतः तल्लिंग एवाहंकार उत्पद्यते। स च त्रिविधः वैकारिकस्तैजसो भूतादिरिति।

After this stage Prakriti branches itself into two sections, one organic and the other inorganic ;—Sendriya including trees, animals, and human beings and the other Nirindriya or matter. There are 11 elements of the organic section viz. 5 Jnyanendriyas, 5 Karmendriyas and Mana (mind) which are evolved by the predominance of Satwa Guna in Prakriti, while the 5 Tanmatra-dravyas are evolved by the predominance of Tamo-guna, and form the basic elements of the inorganic world. Sushruta thus says :—

तत्र वैकारिकादहंकारात्तैजससहायात्तल्लक्षणान्येव एकादशेंद्रियाण्युत्पद्यंते। तद्यथा श्रोत्रत्वक्चक्षुर्जिह्वा घ्राणवाग्धस्तोपस्थपायुपादमनांसीति। तत्र पूर्वाणि पंच बुद्धींद्रियाणि। उत्तराणि पंच कर्मेंद्रियाणि उभयात्मकं मनः। भूतादेरपि तैजससहायात्तल्लक्षणान्येव पंचतन्मात्राण्युत्पद्यंते। तद्यथा शब्दतन्मात्रं स्पर्शतन्मात्रं रूपतन्मात्रं रसतन्मात्रं गंधतन्मात्रंचेति।

THE FIVE SUBTLE CHIEF ELEMENTS

It is at this stage desirable to discuss why and how the basic elements of the inorganic creation are only five. Scientists of the present day have divided all created substances in the Universe into three classes namely solids, liquids and gases only, but the principle on which the Sankhyas have classified substances is different, but very interesting and convincing too. They hold that all objects in the Universe are perceived by men through five senses and five only, and the mechanism of these senses is such that each of them can perceive only one attribute. Eyes (Chakshu) are unable to perceive smell, while ears (Shrotra) cannot see. The sense of touch (Twak) cannot discern whether a pudding is sweet or bitter, nor can tongue (Jihwa) hear ; so also nose (Ghrana) is unable to perceive colour. Thus if five senses (Jnanendriyas—Shrotra, Twak, Chakshu, Jihwa and Ghrana) and their corresponding perceptions Shabda, Sparsha, Roopa, Rasa

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and Gandha are definite, it is evident that only five attributes which form the subject of these Jnanendrias must go to form the whole creation ; for even if we suppose that there is a sixth attribute, we are not possessed of any means whereby to perceive it. Every one of these attributes can be subdivided into a number of classes ; for example Shabda, although it is one attribute, can be harsh, soft, high, sweet, unpleasant ; or Do, re, me, pha etc. as classified in the art of music, or according to the human organs used in its production as palatal, lingual etc. Similarly taste, although it is one single attribute, may be classified as sweet, sour, saltish, pungent, bitter and so on ; Roopa may vary according to colours as violet, blue, indigo, green etc. and so on. Not only that but even sweetness, although it is one of the tastes, is still widely different as in sugar-cane, milk, sweet mango etc. Thus each attribute can be subdivided into innumerable classes, and again by the combination of the sub-divisions of each of these attributes, we can obtain innumerable different substances each having a different proportion of each of these five attibutes. But howsoever the combination be obtained, you cannot perceive more than five of these attributes because you are endowed with five Indriyas only which are as it were God-gifted machineries for the detection of each separate attribute of the five Jnyanendriyas. Thus although it is impossible to obtain any substance which possesses only one single attribute, separately, still Kapila has from the above discussion rightly arrived at the conclusion that the Prakriti must have evolved five elements—Shabdatanmatra, Sparshatanmatra, Roopatanmatra, Rasatanmatra and Gandhatanmatra as the bases for the formation of this creation, the word 'tanmatra' meaning "exclusively." These Tanmatra elements or Tanmatra-dravyas are necessarily (Sukshma) subtle.

PANCHA-MAHABHUTAS

The Sthula Panchamahabhutas are obtained by the combination of these Tanmatra Dravyas. The process is as follows : We know that sound is caused by the vibration of particles, and vibration is possible only when the particles of any substance have sufficient space to move from one place to another. Thus sound cannot be produced inside a block of iron. Unless there is space, Shabda or sound is impossible ; in other words space is the necessary accompaniment of sound. This idea is expressed

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by the Sankhyas by the aphorism 'Shabda gunamakasham.' Thus the Sthula Mahabhuta (element) which must exist in the universe if sound is to be produced at all is Akasha or space. Here we see that Akasha is the seat of one attribute only—Shabda and no other. Space cannot be touched, seen, tasted, or smelt, and so Dallan in his commentary states शब्दतन्मात्राच्छब्दगुणं व्योम. Next Vayu or wind that blows combines two attributes only viz., Shabda and Sparsha. It can be felt and heard but can neither be seen, tasted or smelt in its pure state. Anything in which these two attributes combine would come under this category, but from analogy of nature, we find that it is air alone which combines these two attributes. Hence the next Mahabhuta is termed Vayu. The third Mahabhuta is Teja—Agni or fire. It can be seen and felt and requires space, but can neither be tasted nor smelt. The fourth is Apa or water which possesses an additional quality of being tasted ; and the last is Prithwi which along with other four attributes possesses the quality of being smelt also. It should be noted here that the name Mahabhuta is given merely to the combinations of these Tanmatras, and not to any material substance itself. It is only from nature's analogy that the terms Prithwi, Apa, Tej, Wayu and Akasha have been taken to represent these combinations for the sake of expressing the combined attributes into single words. Thus by the expression Prithwi, we mean not the earth or mud as some mischievious people of small learning have criticised, but simply the combination of these Tanmatras. So also Apa means the combination of four, Tej of three, Vayu of two, and Akasha of one Tanmatra only.

(To be continued).

TOO MANY SPECIALISTS

In advising something of a mixed diet of learning for students a timely warning has been given against over specialisation by Sir George Newman, Chief Medical Officer to the Board of Education.

We have become accustomed to speak of the present as the age of the specialist, but few have realised what we have lost by this concentration.

Almost every profession will provide examples of the narrowing and one-sided outlook that is being cultivated under the influence of the demand for special knowledge.

Only a return to some mixed diet of learning will save us from a world of technicians, for whom the human side of life and work will be a closed book.

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FEVER IN AYURVEDA

(*Continued*)

BY.

ASHUTOSH ROY, L.M.S.

Hazaribagh.

——:o:——

THE THEORY OF FEVER (Modern).

There are two modern theories of production of Fever viz,

(a) *The Neurogenic theory of Fever*—The cerebral (Nervous) disturbance is primary and the high temperature is a consequence of it (vide Vayu Fever).

(b) *The metabolic theory of Fever*—derangement of cellular metabolism is primary, the toxins produced enter the blood, affect the heat centre in the Brain secondarily and induce the Fever (vide Pitta and Kapha Fevers).

In other words Fever may be produced by the Fever producing toxin, affecting primarily the Nervous system (Neurotic theory) or secondarily, through the blood and tissues which are primarily affected (metabolic theory). With the advent of Bacteria it is believed that they invade the blood and the tissues (upsetting their metabolism by the production of specific toxins), secondarily affect the Heat producing and regulating centre in the Brain and induce Fever.

It may be noted that Fever in Ayurveda is the result of derangement of Vayu (Nervous system) or Pitta or Kapha "dhatus" (Katabolic or Anabolic groups of the endocrine organs) and cause Fever. It thus includes both the theories of Fever mentioned above. When the Nervous system is primarily deranged Vayu fever results, but when it is secondarily deranged as a result of primary derangement of either of the two aspects of metabolism viz. Katabolism and Anabolism, it is called Pitta or Kapha fever.

Ayurveda has also noted that certain "Krimis", so small as to be invisible to the naked Eye (modern microscopic germ of fevers) are to be found in blood in fevers like Small Pox, Tuberculosis, Leprosy and other specific infective diseases. Here we have the germ of the modern theory of Bacteria in specific infective diseases, associated with or without fever.

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In sub-acute fevers (of longer duration than acute ones) besides the "doshas", the "dhatus" (tissues) are functionally deranged and we get complications besides the rise of temperature. In chronic fevers the "dhatus" are deranged both functionally and structurally and the complications are still more severe.

TREATMENT OF FEVERS.

General principles.

For the purpose of treatment, fevers have been divided into several stages as follows :—

(1) Premonitary stage (Purba Rupa).

(2) Acute stage (Rupa) subdivided into :
   (a) Tarun or am-apakya stage.
   (b) Madhya or am-pachyaman stage.
   (c) Niram or am-pakya stage.

The Am-Rasa (chyle) is deranged as a result of defective metabolism, the result of increase of temperature. In other words, Auto-intoxication from the varions cess-pools of the body results which complicates the picture, lowers the body vitality, the Nervous system is depressed and antibody formation is checked. The full symptoms of fever appear and pass through these three stages and when as a result of treatment or other the deranged chyle is corrected and sufficient antibodies are produced to neutralize the fever-producing toxin and kill the bacteria, the fever enters the Niram stage (*i.e.*) symptoms disappear.

In acute fevers, therefore, the object is to correct the derangement of "Am-Rasa" (chyle). For this purpose two groups of procedures are to be followed.

(i) Certain things are to be avoided which further aggravate the derangement of Am Rasa. These procedures are :—

Avoid draught
" drinking of cold unboiled water
" sleep in the day time
" bathing, rubbing of oil, soothing applications (*e.g.* sandal paste)
" heavy indigestible and fatty foods
" physical exercise and sexual connection
" emotional excitement
" Keeping the body uncovered or very lightly covered.

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In fact these procedures may be included under what is now known as the "Hygiene rules" to be observed in every case of acute Fever.

(ii) Certain procedures are to be adopted to correct the deranged Am-Rasa.

The older writers like Charak and Sushrut practically used to give very little medicine at the first stage. They depended mostly on "*Langhan*" (Fasting) to correct the derangement of "Am-Rasa." As soon as the deranged chyle ie corrected, the temperature falls, appetite returns, body gets lighter, Nervous system is stimulated and energy and vitality are returned to normal.

On account of increase of vitality (Nerve-energy) intoxicated by auto-intoxication from the different foci of infection in the various cess-pools of the body (the chief one being the digestive tract) antibody formation which was checked is now stimulated which checks the specific fever-producing toxin and kills the specific bacteria and there is natural recovery from the fever.

Every Kabiraj should remember patients who are favourable to complete fasting and those who are not (*e.g.* old men, children pregnant women, weak and debilitated individuals). In the latter case food, light and liquid, should be allowed. This point is readily lost sight of specially amongst many an ignorant vaid in the rural areas.

Ayurved states that fasting should not be so strictly followed as to lower the general vitality and resisting power ("Bala") of the individual, for then "antibody" formation will be imperfect and though the fever is reduced due to starvation, the patient succumbs. The writer has actually seen such mistakes of half educated rural Kabirajes in many a case. This is due to ignorance of Ayurved. Fasting should not be pushed to excess.

There are other golden rules given regarding "Langhan" which should be remembered by young vaids Thus there should not be under-fasting on the other hand which will protract the case and is equally injurious as over-fasting.

The symptoms of over-fasting and under-fasting are given in details which should be always remembered and not lost sight of. Each case should be studied on its own merits, whether fasting should be advised or otherwise, and in case of the former, how long to fast an individual and when to stop fasting and how food should be gradually introduced in quantity and quality and progressively increased.

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But while the Ayurvedists of the old school advised fasting, they advised suitable *drinks* in fever. In ordinary fevers according to the Dosha deranged, water boiled in different strength is advised. In Pittaja fever with excess of thirst, medicated drinks like "Sadanga paniya" (soothing and fragrant drinks, sherbats etc.) and others are advised.

As soon as water is taken as drink, it goes into the stomach, and is absorbed quickly from it, and enters the blood, reduces thirst and body heat, dilutes the toxins of fever in the blood, stimulates the excretory organs like the skin and the kidneys to increased action. The fever-producing toxins are thus flushed out of the system.

Often after the "Am-Rasa" is corrected, secretions and excretions do not start action. The Nervous system is so profoundly depressed by the toxins of fever germs and the auto-toxins produced as a result of high temperature that it fails to stimulate the glands of secretions and organs of excretions to perform their usual functions. The toxins are not thus eliminated and cell-metabolism is defective.

In this stage medicinal interference to aid Nature is necessary to unlock the secretions and excretions, to correct the derangement of the 'Doshas" involved as also to apply specific treatment to check the fever or else there is relapse, which is always more troublesome to check and more dangerous to the patient. The old school which depended entirely on vegetables, decoctions and infusions gave 3 groups of drug combinations according to indications, when the Niram stage is reached or auto toxæmia is corrected but sufficient antibodies have not been formed to check the germs of disease or to neutralise the toxins produced by those specific germs.

These are :

(1) *Pachan*—generally various bitters combined as decoctions which act specifically on each group of fevers. Their strength depends on the individual factors in each case *e.g.* age, strength, digestive power as also nature and extent of Dosha deranged. Only under exceptional circumstances these drugs may be given before the Niram stage (on the 8th, 11th and 13th day of Vayu, Pitta and Kapha fevers respectively). These drugs act with further advantage, however, when the excretion and secretions are free (Niram stage).

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The same principle is followed with advantage in Modern medicine at times. Thus Quinine the "prince of bitters" acts best when the secretions and excretions are unlocked (Niram stage) that is when the "PH is turned from the acid to the alkaline side". In exceptional circumstances quinine is prescribed with alkalies (to turn the PH of the blood and tissues towards the alkaline side and thus preparing the ground for better action of the specific bitter in malaria).

(2) *Saman*—These vegetable drug-combinations are used to establish re-equilibrium of the Doshas deranged. Unless the deranged Am-Rasa is properly corrected, no amount of "Saman drug" will re establish the "doshic" equilibrium.

(3) *Sodhan*—These vegetable drugs purify the system by unlocking the excretions. Ayurveda never advises to force Nature but when Nature is trying to eliminate the toxins from the deranged organism ineffectually, these medicines are given to help Nature. They are therefore ordinarily indicated in the Niram stage.

They unlock the various excretions from different organs by vomiting, purging etc. These medicines are therefore symptomatic, the other two groups being specific

This is broadly the line of treatment followed by the different schools of Ayurveda. The old school of the days of Charaka and Sushruta depended mainly on vegetable drugs, the later Tantrik School depended more on metals and minerals. The two schools became later blended into the modern school when the vegetables and minerals are included in the same prescription for the same kind of effects.

Next we find that the same prescription often contains a combination of Pachan, Saman and Sodhan drugs (vegetable as well as mineral).

Besides drug treatment, Ayurveda recommends various accessory treatment to produce Sodhan *e.g.* the various kinds of Enemas ("Bastikriya"), venesection to control splenic enlargements, "Sveda" (formulations), cold and heat applications to the head, various applications on the Nose, Mouth, Ear, Eye etc. according to indications.

The principles of various drug applications.

As early as the days of Todadananda, Ayurveda noted the principles of "similars" (Homoeopathy) and "contraries" (Allopathy) in treatment, having their respective forms of applications.

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Considering that mind and body are closely interrelated in health as well as disease, Ayurveda found that the grosser vegetable drugs act on the grosser structures on Allopathic principle (contraria contrariis curantor) and potentized mineral drugs act on the finer structures, the Nervous system and mental sphere on Homoeopathic principle (Similia similibus curantor).

In some diseases the grosser structures are more involved, in others the finer ones, but in every case both the grosser and finer structures are involved in various degrees. Hence in modern Ayurvedic treatment we find a judicious blending of the grosser vegetable and the finer mineral drugs in the same Prescription. Hence Dr. U. C. Dutta (Materia Medica) had stated that Therapeutics in Ayurveda reached its acme in the modern School of Ayurveda on or about the time of Bhabaprakash.

Ayurveda has not made the mistake which Modern Medicine of the West has done, *viz.*, treating the disease and not the individual suffering from a particular disease. The same disease often produces different symptoms in defferent individuals and the same specific drug, unmodified to suit the needs of any and every individual suffering from the same disease-label but presenting different symptom complex is neither rational nor scientific. The so-called modern specific is specific only for the causative factor. The symptomatic treatment is also specific for the individual suffering from the same symptioms, irrespective of the cause.

Modern scientific western medicine is slowly learning its own past mistake and trying to rectify them, thus unconsciously following the Ayurvedic plan of treatment.

Modern medicine had with the advent of bacteriology studied "man in the mass" in health and ill health ignoring the individual in treatment. With the advent of endocrinology (so very allied to Tridosh theory) and Bio-chemistry, it is beginning like Ayurved to study the individual.

Modern medicine in its use of specific vaccines and sera (highly potentized drugs) is unconsciously following the line of Homœopathic principle of treatment.

Combining vaccine and serum treatment with drug treatment it is closely following the Ayurvedic line of modern vaids, who have centuries back judiciously blended the crude and potentized finer drugs in treating each individual case.

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TREATMENT OF FEVERS ACCORDING TO DERANGEMENT OF DOSHAS.

Old School of treatment.

According to the old school who used vegetable drugs mainly, treatment of fevers was done by means of "Kwath" (decoction) which is "generally prepared by boiling one part of vegetable drugs in ten parts of water, till the latter is reduced to one-fourth the quantity."

The decoctions are adminintered with various additions of other substances according to indications *e.g.* with salt, sugar, honey, treacle, alkalies, ghrita, oil or some medicinal powder. They are generally in the "Niram" stage of fever.

The normal time to give "Kwath" is when the Am-Rasa (chyle), which was deranged, has been corrected. Ordinarily the stage is reached in different fevers as follows :—

Vayu fever	—after the	7th day
Pitta fever	— „	10th day
Kapha fever	— „	12th day
Vayu-pitta fever	— „	7th day
Kapha-pitta fever	— „	7th day
Vayu-kapha fever	— „	9th day
Sannipatik fever	— „	7th, 9th, 10th, 12th, 14th, 21st days.

The best time to give these medicines is the morning.

(*1*) *Vayu fever.*

In this group are indicated fevers like 1 day fever, 3 day fever, 5 day fever, 7 day fever, Influenza, Dengue, Rheumatic fever, of the simplest types.

Various indications for treatment.

(1) Specific medicines to check the fever—Gulancha (Tinospora cordifolia) is the best specific to check "Vayu" fever. It is a diuretic febrifuge used in conjunction with suitable adjuncts and correctives.

(2) Medicines to relieve special symptoms—

(a) *Pain*—Rasna (Acampe Papilloceæ) relieves pains of rheumatic fevers.

(b) *Wind*—Rasun (Alium sativa) also relieves pains indirectly by checking wind and tympanites.

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(3) Medicines given as alteratives (correct the deranged "dosh") *e.g.*

Ananta mul (Hemidesmis)

Satamuli (Asparagus sarmontosus)

(4) Medicines given as specific to correct the deranged dosh *e.g.* Brihat Panchamula which consists of bark of

Bael fruit tree (oegle marmelos)—astringent

Sona tree (Oroxylum Indicum)—astringent

Gambhari tree (Gmelina arborea)—stomachic and carminative, slightly laxative

Parul tree (stercospermum suavoleaus) diuretic

Ganiari tree (Premna spinosa) – bitter.

The above combination is specific to correct deranged Vayu and is thus useful in the 'Niram" stage of any "Vayu" disease, including "Vayu" fever. It is a bitter and stomachic, astringent and diuretic mixture. By removing the toxins of fever (of the Vayu group) through the kidneys, it corrects the derangement of the "dosh" (Vayu). The bitter stomachic rouses the "Pachakagni" and is thus appetizer. The astringent drugs check loose motion thus keeping the vitality of the patient and directs the Fever-toxins to be eliminated from the system through the kidneys. To prevent over action of astringents, a mild laxative is added. The diuretic action is helped by the astringent. Such a combination is thus efficacious to check Vayu and Vayu-kapha.

(5) Medicines given as adjuvants and correctives to the specific medicines to check the specific fever and correct the deranged dosh.

(6) *Various medicines and procedures to relieve complication* These will be noted when individual prescriptions will be analysed.

(*To be continued.*)

SEEKING A CURE FOR SEA SICKNESS.

Poor sailors will anxiously await the findings of the commission set up by the Cunard Line to investigate the cause and seek a cure for sea sickness. The commission have just completed a voyage in the Aquitania and have carried out tests on many passengers.

Although wishing the commission the best of luck in their investigations, we scarcely dare hope that any material benefit will evolve from them.

We have known people who have sailed for many years and tried nearly every "cure" for sea sickness without acquiring immunity in bad weather. In many cases the effects of the cures were worse than the complaint.

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Health and Hygiene

—:o:—

HOW TO KEEP FIT.

By A Harley-street Specialist.

Value of Cotton Raincoats.

Raincoats may be divided into two classes—the mackintosh or oilsilk types, and those made of specially dressed cotton material.

Although those of first mentioned class are to be preferred for protection against prolonged and heavy rain, they do not allow any of the evaporation from the body to pass through them. This condenses on the inner surface, which soon becomes damp.

For this reason they should be taken off directly the rain stops.

On the other hand the coats of the second class are not only a good protection against quite heavy showers, but are excellent overcoats at all times. Their lightness is a great advantage. They do not check evaporation from the skin or become moist from condensation, and being windproof are the best sort of protection from cold winds.

Some years ago a firm became famous for the manufacture of these coats. Now several other firms make them. They are specially advisable for people going out into the country who wish to be prepared for any sort of weather, as they are so healthy to wear under all conditions.

———

School Reports and Health.

In school "reports" no mention is made of the physical condition of the boy or girl during the term. This is a significant fact typical of the scholastic attitude towards matters of health.

Tommy was backward in mathematics, though showing improvement in history and geography. His Latin was better than it was last term, etc., etc. But is this all? Has he been catching colds, or has he been constipated? Has he gained weight on the average for his age and height?

These are matters that should be included in the Hedmaster's report and at the end of each term parents should request information that would necessitate their children being kept under proper observation.

The weight chart in particular is a very important document and should be carefully kept. If the weight of a growing child falls or remains stationary for several weeks there is generally something the matter, and the cause should be promptly investigated. A copy of this weight chart should be attached to each school report with any other factors of note, such as those above suggested.

———

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Drink More Cold Water.

The natural drink of the entire animal kingdom is water. The human race is departing more and more from this rule, so that at the present time large numbers of people never drink it in its natural state.

This is said quite apart from the question of alcohol. Teetotallers drink tea or coffee for breakfast; at lunch comparatively few drink water, and in most clubs barley water is provided as a last resource for those who don't want alcohol, don't like lemonade, ginger-beer or other flavoured beverages, yet share the strange but common dislike for plain water.

Probably this is partly a bad habit engendered in early youth by that evil of school life, the tuck shop, and this theory is strengthened by the fact that even in rastaurants women frequently drink water, whereas men appear to be ashamed to ask for it.

In girls' schools the tuck shop has never been a fashion, and girls do not so often form this bad habit of seeking flavoured beverages when they are thirsty. Certainly we should at least *sometimes* give our bodies a draught of cold water and realise what a good thing it is.

———

Fruit as Light Refreshment.

Why is it that people who are travelling about town for shopping and other purposes cannot obtain fruit as a light refreshment as easily as they can a cup of tea, a sandwich or glass of bear?

If fruiterers would follow the example of the confectioners and have at the back of their shops little tables laid with clean plates and fruit knives so that customers could, after selecting the fruit they liked, sit down and eat it on the spot, the most delightful of all light refreshments would be available for the public at all times with much benefit to their health.

As it is we have to pass these shops on a hot summer day gazing at the fruit so temptingly displayed but knowing that if we buy it we cannot eat it until we get home. Frequently the alternative is a glass of tepid lemonade or cup of hot tea.

Here is a chance for fruiterers to increase their trade, while helping to improve the health of the community.

———

Use Wholemeal Flour.

Although much has been written lately on the subject of wholemeal there still remains some confusion in the public mind as to what this term implies.

Many people eat cakes and bread made of "stone ground" flour, under the impression that this is wholemeal, whereas it usually occupies a position between this and white flour.

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It is prepared by grinding the grain between two stone discs, one of which revolves. "Standard" flour prepared in this way has 20 per cent. of its bulk removed, consisting of bran and part of the germ.

As the remainder contains a considerable amount of germ, it is much better food than white flour, which contains none, but the removal of the bran places it a long way behind true wholemeal in health-giving qualities, as the bran not only contains valuable salts, but is important owing to the healthy action of its fibre.

Moustache as Cover for Germs.

Whatever may be said for or against the moustache as an adornment, there can be little doubt that a bunch of thick hair immediately beneath the nostrils is inadvisable from the hygienic standpoint.

In early Victorian times long moustaches were almost universally worn, and only custom can have produced oblivion to the unpleasant spectacle of these things being soaked in the soup or tea.

Now, fortunately, the fashion is for those who wear moustaches to clip them closely, but it is certainly more healthy to keep the upper lip shaven, as it is in the direct route of the air that enters and leaves the nostrils.

The possibility of some of the inspired air being filtered of dust by the moustache is more than counterbalanced by the certainty that it provides cover for the incubation of bacteria among hairs that are fouled.

Growing Youth, Don't Smoke !

Young people are continually advised not to smoke until they have stopped growing, but this advice might receive more attention if it were accompanied by a little scientific explanation.

In moderate quantity nicotine checks the functions of the autonomic nervous system. This type of nerves controls the circulation by regulating the expansion and contraction of the arteries and the rapidity of the heart's action, so the action of the nicotine is to limit the ability of the smoker to adapt himself to conditions of distress. For this reason althletes should abstain altogether from smoking when about to take part in strenuous exercise, especially in competition.

There is no doubt that this drug checks growth and general development, and no growing youngster who smokes is giving himself the best possible chance. The same cannot be said of the fully developed adult unless he expects to be engaged in strenuous exercise.

There is, however, no need to be prejudiced against a habit that cannot be shown to exercise a harmful effect when enjoyed in moderation by those who have passed the age of growth, though excessive smoking is very bad for anyone.

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Don't Worry at Meal-Times.

There is a close affinity between the mind and the digestive organs. Many people suffer from gastric disturbance if they become involved in heated argument or for any reason lose their tempers during meals.

This is because any form of "brain storm" causes a copious flow of adrenalin (a substance produced by special glands situated above the kidneys) into the blood stream, which then causes a contraction of the lower end of the stomach and interferes with the normal movement of its contents.

This explains the importance of peaceable meal times for those who are liable to dyspepsia. In fact, heated arguments at meals are bad for anyone and should be carefully avoided. Worry is another factor predisposing to dyspepsia.

For those who are going through a time of exceptional anxiety the best advice is to seek any possible means of diverting their minds from their troubles at meal times.

———

Don't Use Too Much Hair Oil.

Baldness has been attributed to many causes, and possibly it has many, but there is one that surely contributes to premature loss of hair.

The fashion among young men of soaking their hair with oily preparations results in their wearing a warm oil poultice on their scalps, especially when they have their hats on. This cannot be healthy for either skin or hair follicles, and they should not be surprised if they become bald in early middle age.

It is healthiest for a man to keep his hair fairly short; to use very little oil, if any; to have a shampoo with *tepid* water once a week and to do scalp massage every morning.

If this is done before it is too late, bladness is not likely to occur before old age at any rate.

———

The Ice Chest Must Be Clean.

As the warm weather (we hope) approaches, ice chests are being got ready for the keeping of perishable food. It should not be forgotten that scrupulous cleanliness in these chests is very important—otherwise they become dangerous.

For example, if meat is allowed to smear the sides, bacterial decomposition of the smear takes place at times when the ice in the chest may be running low and the temperature rises.

Gradually a dangerous, though unnoticed, putrefaction occurs, and members of the family may be poisoned by other meat that has been contaminated by it.

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Meat and fish should always be placed carefully on a plate before being put into the chest, which should in any case be emptied and scoured periodically.

Invest in Fresh Eggs !

On account of their genuine food value in proportion to their cost, eggs are one of the soundest investments open to the household caterer, especially for children. At the present time of year, when a dozen fresh eggs can be bought for 1s 6d., they are particularly attractive.

They contain all that is required for the construction of the body, lacking only the fibre needed for the proper functioning and health of the digestive tract; but this can be furnished by many other foodstuffs, such as wholemeal bread and green vegetables.

The housewife should be sure that eggs sold as "fresh" are really in that condition. A simple test is as follows :—

Dissolve two ounces of common salt in a pint of cold water. A good egg will sink in this solution, whereas a stale egg floats.

To Stop Catarrhal Infection.

In the operating theatre the surgeons and nurses wear strips of gauze over their mouths and noses, kept in place by pieces of tape passing behind the ears and tied behind the head. These are to filter out the bacteria in the expired air which might infect the operation wound.

This simple expedient might surely be adopted by nurses in any sick room if they have colds. Patients in nursing homes not infrequently contract colds from nurses who cannot be spared from duty on this account.

Dentists of all people are the most likely to infect their patients when they contract colds, and may perhaps excuse the suggestion that thoughtfulness shown by the wearing of a "theatre musk" would increase their popularity, and so bring its own reward.

Iron as a Blood Food

Iron is an essential constituent of every diet, and some delicate people need it in extra quantity.

It is better obtained naturally by eating foods that contain it in abundance than by taking it in medicinal form.

Growing children need it in a larger proportion than adults. It is an essential for the production of hæmoglobin (the red material of the blood).

The following (in order of merit) are specially rich in iron—egg yolk, liver, beans and lentils, mutton, turnip tops, kidney, oatmeal, spinach, birds, beef, brown bread, herrings and lettuce.

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School Hygiene.

Parents are gradually but surely becoming aware that the boarding schools are slow to profit by recent advances in hygiene.

Some of them are now adopting studied methods of teaching while committing the old mistakes in feeding, ventilation and clothing.

Children at many of these schools are compelled to sit in stuffy schoolrooms and to sleep under similar conditions. The worst effects are experienced in warmish, rainy weather, because children are kept indoors in poorly-ventilated playrooms during "out of school" hours.

Every school should have a large room for this purpose with windows along the two sides of the room so that a cross draught can be maintained in close weather, or alternatively all the windows opened on the lee side when strong wind and rain necessitate the closing of those on the "weather" side.

This arrangement which is adopted for modern hospital wards should also be carried out for school dormitories.

Parents will do well to bear these things in mind in selecting schools for their children.

Many school authorities are reluctant to insist on proper window ventilation in the classrooms and dormitories during winter, through fear of their pupils catching "cold."

This ailment, however, is caused chiefly by the spread of infection in stuffy and humid atmospheres, not by fresh air.

Experiments carried out by the New York State commission on ventilation showed that in selected class rooms with open windows and cool atmosphere, there were seventy per cent. fewer colds than in warmer class rooms with mechanical ventilation.

Other conditions too common among school children are chronic tonsilitis and adenoids, which are considered by the most experienced authorities to be due in most cases to improper ventilation of rooms.

Mental dullness, especially towards the end of school, headaches and ill temper are further symptoms that have been clearly traced to stuffy school rooms.

Body Temperature.

One of the effects that children suffer when kept in rooms with stagnant air is that they lose or do not acquire the ability to regulate their body temperature efficiently.

The production of heat in the body depends on metabolism (chemical action within the body).

The temperature of the body is kept constant by the regulation of heat loss in accordance with heat production.

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The mechanism for the regulation of heat loss consists of a special system of nerves which control the dilatation or constriction of capillaries in the skin and the production of sweat.

The good working of this mechanism depends on its constant exercise. In people who live in stagnant air, where the loss of heat from the body does not vary, its efficient working is rapidly lost, so that they are liable to chill and lowered resistance to infection in passing from a warm room into colder atmosphere.

This applies especially to children, because in them development is taking place.

Juvenile Hygiene

In a previous note mention was made of the "metabolism" of the body, which means the chemical changes undergone by its constituents.

It is essential that children should be given sufficient and correct food to meet the requirements of their metabolism, not only for the production of heat but also for body building.

Physiological experiments have disclosed that in boys at the age of puberty the metabolism is 25 per cent. higher than in men. This means that they require 25 per cent. more food than men. Likewise, girls at puberty need 25 per cent more food than women under ordinary circumstances.

School Dietary

The information scientifically explained already shows the need, repeatedly urged in the *Daily Mirror*, for reform in the matter of school dietary.

Every day the meals should be planned so that at least the minimum requirement of the pupils is met, yet a careful search among a large number of the best schools has disclosed the fact that the meals are ordered without enough real knowledge as to what these requirements are.

To steer a safe course through the pitfalls of commercially prepared foodstuffs nowadays requires not only medical skill, but the biochemical knowledge obtainable only by specialised study, so great is the danger of error.

The best plan for any school would be to submit the weekly menu to an expert for comment and suggestion.

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Medical News and Notes.

—:o:—

WOMEN DOCTORS FLOURISHING.

Fewer Students, but More Opportunities.

Although there are fewer women medical students nowadays, there is more work for women doctors.

This is the opinion expressed to-day by Dr. Winifred Cullis, of the Royal Free Hospital School of Medicine for Women.

A report of the University Grants Committe shows that although there were 2595 women medical and dental students in 1921-22, the number had declined to 1108 in 1928-29.

Dr. Cullis, commenting on this fact, said :—

"These figures are not discouraging, nor can they be taken as evidence that women have found medicine disappointing as a profession.

"On the other hand, a gradual decline from the inflated student lists of the war years and the years just after the war is natural and inevitable.

"The present financial distress in the professional classes may partly account for the falling-off of women students. A medical training, which includes six years' residence in London, is certainly not cheap.

"But, to-day, our position in this school, at any rate, is very satisfactory. Our number of students is steadiiy rising, and has been for the last six or seven years.

"We have proved, too, that there is money to be made by the woman who takes up medicine, though not so much money as by successful business women. All our qualified women have plenty of work to do.

"Medicine as a career for women to-day is flourishing even more than in pre-war days."

YOUR DAUGHTER MIGHT BE A DENTIST

A Profession That Marriage Does Not Interrupt.

By Dorothy Ainslie.

In the heart of London to-day I came upon a woman who is a qualified practising dentist. And I learned that there are at least three hundred other women dentists now practising in Great Britain.

I was immediately impressed by the woman dentist's air of quiet efficiency. She was between 30 and 35 years old.

She told me something of her work, and I gathered that there is no reason why a woman should not be as good a dentist as a man. "The old idea that it requires masculine strength to extract a tooth is a fallacy," she said. Moreover in the making and matching of artificial teeth her

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æsthetic sense may be even better than a man's ; she is not likely to send forth a patient equipped with a set of " tombstones " which proclaim their origin to the world.

"Infinite patience is needed in dentistry," said the woman dentist, "Especially in dealing with children, and it is here that the mother-instinct comes to the woman dentist's aid. A child, being accustomed to the ministrations of women, is less likely to be frightened than if the dentist were a man.

"But it is not to be inferred that a woman dentist's patients are only children. She has as many men as women.

"It is amusing sometimes to meet the chance man patient who, entering the surgery without having realised that he is about to be attended by a woman, promptly panics, and with vague excuses tries to beat a hasty retreat. As a rule, tact and a convincing manner induce him to remain, and he ultimately becomes a regular patient."

Leaving the surgery where I had been received on arrival, the woman dentist laid aside her professional white coat and took me into her sitting-room, where, over a cup of tea, we discussed another aspect of the profession, which is that marriage is no handicap.

She pointed out that the work may be done in the home, and that it is not necessary to be tied down to fixed hours. The woman dentist has the advantage of being able to make her appointments to suit her own convenience—leaving leisure for home and family interests.

WHAT TRAINING COSTS.

This was amply borne out by the activities of my companion's small daughter, aged nine months, who was taking full advantage of this brief lull in the morning's work to clamber joyfully over her mother while we talked.

Training for dentistry is taken at one of the big hospitals, and lasts for four years, the cost being £314, divided as follows: £120 the first year, £82 the second, £68 the third, and £44 the fourth year. In addition to these fees, instruments cost £50 and books £14.

A girl should commence her training as soon as she leaves school at the age of eighteen years, and should have matriculated.

Having passed the examination at the end of the four years' training, and obtained the L.D.S. certificate, she can either start on her own, when at least £150 must be spent on equipment, or she can gain much valuable experience in a post as house surgeon or clinical assistant at a hospital for a few years. The average salary for a post of this kind is about £400 a year.

The work calls for some endurance, and needs good health and eyesight.

———

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BRAINS AND THE WOMAN

By PROFESSOR JAMES W. PAPEZ,

Curator of the Wilder Brain Collection, Cornell University, U.S.A.

Professor Papez has examined the brains of more than 40 noted men and women and it is his conclusion that there is nothing to show that the brain of a woman need be inferior to that of man of equal rank. In the following article he discusses the whole problem and makes some interesting observations on the question of sex differences.

No one can deny that the brain taken as a whole is formed on the same general plan in the female as in the male. This follows from the facts that it is in the brain that the sense organs such as the eyes, ears, muscles and skin are most completely represented in all their varying sensory modalities. These sensory functions are properties of both sexes. In the brain these sensory experiences are constantly and completely combined into unified psychic processes which result in movement, consciousness, speech and various other functional expressions. We might expect, therefore, that the various areas of the female brain be not much unlike those of the male.

It is a well-known fact that the weight and size of the female brain are generally less than that of the male. The chief reason for this is self-evident. The female in stature, size and physical development is usally the smaller and the brain generally shares in this physical proportion. There will be, of course, many individnal exceptions to this general proposition, for there will be females of large size of body as well as those of large head sizes, irrespective of other physical conditions. There are, however, certain other more marked sex differences. No one is surprised to find the feet and hands relatively smaller in the female, and there are other sex differences equally important.

In spite of the fact that the brain of woman weighs less than that of man one cannot construe this difference as due to an inferior development of the brain in the female. Rather it is to be regarded as a difference linked up with the sex differentiations of the female.

DIFFERENT PSYCHIC PROPERTIES

The psychic properties of women are characterised by a greater emotional expression as compared with men. This emotionalism is a natural characteristic directed to the function of maternity and home-making. It is not wholly acquired during the course of the life of the individual by means of education or culture. Drawin believed that the phychic sexual character of women was the result of natural selection. If it was not favourable to the formation of the family or to the conservation of the race it would in all probability be strongly reduced. If has been a conclusion reached by other careful investigators that the emotional and altruistic human characteristics

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are best developed and represented in women, and that, on the other hand, the male tends to develop the intellectual and egoistic characteristics along with his superior physical development. We may safely assume that the causes for these differences lie deeper than the culture of the times. They are most likely the results of the anatomy and physiology of the female, which is different in many fundamental respects from that of the male.

Now when we come to trace these differences to their physical basis there are several structures which may claim our attention. One of these is the brain. In the case of men and women the brain has in some respects different functions to perform due to the difference in the glandular, biological and economic functions of each sex.

To the casual observer it may seem that the brains of different individuals are quite similar, but many complexities and differences actually occur which make comparisons difficult and uncertain. Among the brains of different individuals of both sexes there are many differences which are probably in large part the expressions or heredity, growth and functional adaptations.

RESULTS OF RESEARCH

Sex differences in the brain have been sought for by many investigators. From the statistics collected by Topinard and others it appears that the average weight of the female brain is four to six ounces less than that of the male. In both sexes after the seventeenth to twenty-fifth years the relative brain begins to decrease with age. Perhaps some of this early decrease is due to the continued growth of the other parts of the body. The early anatomist Huschke was the first to study the brains of the two sexes for differences in structure. He made the observation that in general the parietal lobe is relatively larger in the female as compared with the frontal lobe, which tended to be larger in the male.

Other men have thus been led to study the position of the central sulcus, the large cerebral furrow which separates the parietal from the frontal lobe, to determine how this varies in the two sexes. The evidence in general seemed to favour the view of Huschke, but it was found that the shape of the head also played an important part in the angular position of this furrow. Mall could not find a significant difference between the weights of the frontal lobes of the two sexes. Winkler has found a larger motor-area and larger inferior frontal convolution in the male and a larger middle frontal convolution in the female.

The indices and measurements that have been made in comparing the male and female brains in the Cornell collection indicate that there is no significant difference in relative sizes of the frontal lobes of men and women, even though the inferior convolution (of speech area) and

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the motor gyrus are more often larger in the male. These differences seem to be individual ones.

Measurements and indices of the temporal lobe show that this lobe is about the same in both sexes, although its greater development is more often seen in the male. It is greater in individuals in whom the faculty of hearing was well doveloped. The development here appears to bear a closer relation to function rather than to sex.

The occipital regions of the brain devoted chiefly to the functions of vision appear to be relatively better developed in the female brains. It is hard to say that this condition represents an actual superiority, because of the larger size of the adjacent precuneal areas in the male which tend to reduce the relative size of the index method. Actual measurements of occipital region as estimated by them in fact reduce this superiority in the female to near the level of the male.

In the parietal regions more significant sex differences are brought out by both the methods of indexing and actual planimetric measurements. The lower parietal lobule, situated just above the ear, shows a greater relative size and upward extent in the female than in the male. It is in this area that the sensory functions of the hand have been allocated. In the male it is compressed from above and it is longer. Here we encounter many individual differences in both sexes which are probably again the expressions of functional development.

NEED NOT BE INFERIOR

There is nothing in the outer organisation of the female brain which would make it much different or inferior to that of the male. Given the same opportunities and incentives the intellectual attainments of women need not be inferior to those of men.

BELIEF THAT TATTOOING PROTECTS FROM DISEASE

That tattooing is a protection against disease is a theory referred to in the "British Medical Journal" by Dr. Rose Jordan, of Catford, S. E., who writes :—

"A man, aged 25, recently presented himself for examination at the tuberculosis dispensary as a contact of his brother, who had contracted pulmonary tuberculosis. He had served eight years in the Army, and had spent seven of them in India. Both his arms were elaborately tattooed in red and blue.

"One of the reasons he gave for this was that it gave protection against infectious diseases. He told me that soldiers with well-tattooed bodies rarely went sick."

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DOCTOR DIES FROM A SCRATCH

Life Given in Duty by Cancer Expert.

It was stated at the Chelsea inquest to-day on Dr. H J. B. Fry, aged 44, the cancer expert, that his death was caused by a small scratch he received on his arm while making a postmortem examinaton.

A verdict of Death from Misadventure was returned.

Dr. Fry, who was a cousin of Mr. C. B. Fry, the cricketeer, had devoted his life to cancer research. He was pathologist to the Research Institute of the Cancer Hospital, Fulham-road, S. W.

Mrs. Gladys Fry said that her husband came home about a week ago and complained of not feeling well. He found a small septic spot on the right forearm. He remained in bed two days and then returned to his duties at the hospital. His temperture again rising, he took to his bed. After benig medically attended he was removed to hospital, where he died.

Dr. R. M. Bronte, the pathologist, said that Dr. Fry's death was due to heart failure from pyæmia (blood poisoning), the result of an injury in the forearm.

In summing-up, the Coroner said :—

"If Dr. Fry had attended to the matter at once and desinfected the wound he might have been alive to-day.

" I have done the same thing myself as a student. I cut my finger when operating on a carnivorous subject, but immediately cauterised the wound. It is very painful, but it prevents complications."

Turning to the widow, the Coroner said :—

"I am very sorry you should have lost your husbanad in such a tragic way and in such an unnecessary way. He was a most useful practitioner, and was a man who had gained the respect of all his friends and his colleagues."

WHO IS TO PAY?

As I understand the new and "larmingly comprehensive" scheme for "a general medical service for the nation," it involves immensely extended benefits for "individual patient"—that is, for all insured persons under the National Health Insurance Acts.

Who is to pay ?

Apparently the middle-class taxpayer—as usual. Nobody, not even the ubiquitous "family doctor," ever consider his purse, just assaulted again by a raised income tax.

Middle-class Family Man.

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OPINION ON MEDICAL DISCOVERIES

By a DOCTOR.

As recently as 1929 the British Medical Association accepted a recommendation from its Ethical Committee "that it is ethically undesirable for a registered medical practitioner who makes an invention or discovery in the medical field to derive financial benefit from the sale of the rights of such invention or discovery or from royalties from the use of these."

Penalty of Being Struck Off the Register.

What would be the fate of the doctor who disregarded this ruling is not quite clear; but it is certain that if his name were associated with any advertisement in connection with his discoveries, he would be struck off the medical register.

The British Medical Association now recognise, apparently, that if this ruling were harshly interpreted in the case of a medical man who has made a discovery of, let me say, importance equal to that of insulin, he might either be ruined professionally or condemned to stand by and see others profit from the fruits of his years of labour. Accordingly, in order to avoid the infliction of such hardship, without utterly destroying the purpose of the old ethical code, they recommend now that medical patents be dedicated to the British public and that such patents be administered by a department of State called the Medical Patents Trustee.

Opposition of manufacturing Chemists.

The manufacturing chemists, however, are not satisfied with this proposed arrangement. They require greater security for their work; for it is usually their plant and money which enable inventions and discoveries on the chemical side to be developed.

It is evident, however, that Free Trade in the product of British scientific brains is about to be stopped. We in this country are singular in the observance of such a strict ethical code. It will be recalled that Dr. Banting's process for the preparation of insulin was patented by Toronto University, and was accepted by the Medical Research Council in this country. Again, the process for preserving and adding to certain foods Vitamin D by irradiation of ultra-voilet rays was patented by Wisconsin University.

Press Opinion on Medical Discoveries.

Nothing can be more certain than that the public will examine with sympathetic interest the proposal put forward by *the British Medical Association* for a system under which doctors will be able *to some extent to* profit from *any discoveries they may* make in the field

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of medical science. The record of the profession in this respect has been exceedingly honourable, and, indeed, more than honourable. Its members have devoted their time and their money, very often their health, and even life itself to the advancement of the healing art, knowing very well that their own self-imposed rules would prevent them *from reaping* the benefit that accrues to an inventor in any other branch of science.

Their attitude has been dictated partly by the fine scientific tradition of publicity. Scientists engaged in pure research regard themselves all the world over as members of a community, and it is what the community produces that matters, not the individual. Therefore, when a new scrap of knowledge falls into the hands of an individual, he looks on it as common property.

The medical profession, we say, shares this attitude. It also realises that those who stand between mankind and disease or death occupy a special position and have special responsibilities. What they do can never be reckoned entirely in terms of money, nor have they ever attempted so to reckon it. They realise that it would be intolerable were the art of healing to stand on a purely financial basis.

But they realise, too, that they live in a world which is mechanically regulated by money. Cash payment is the tangible reward given by the world to those who do it service, and doctors have, in fact, very sensibly, always been ready to receive cash payment for certain of the services they perform. We shall not enter here into the question of the emoluments of the medical profession at large, beyond saying that in its upper ranks it is by no means the most poorly rewarded of the professions.

But it is surely irrational to deny to the investigator what is granted to the merely executive physician or surgeon. What the investigator does often cannot, to be sure, be calculated in terms of money. How could we adequately pay those early explorers into the un-known domain of the X-rays, so many of whom have died at last of an agonising disease? What adequate reward could be made to Sir Ronald Ross, whose researches into the origin of malaria have changed the character of a substantial part of the globe?

There is no reason, however, why men who have incurred X-ray dermatitis should have to subsist on the miserable pittance of a Civil List pension. There is no reason why Sir Ronald Ross should be obliged to sell the papers relating to his great discovery.

These facts are so obvious that we think the British Medical Association can proceed with its scheme in the full assurance that the public will be anxious to approve of it, if it seems to be workable. The record of the profession in the past does not suggest that it is at all likely to proceed at one bound from self-sacrifice to greed. It is asking no more

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than a just reward for its services, and we do not for one moment believe that the public will hesitate to grant that reward. It will, in fact, probably feel easier in its conscience when it has done so.

CURING "NERVES"

If ever there was a complaint in which the cure rested almost entirely with the sufferer, neurasthenia is the one par excellence. "The cure now rests with yourself" must have been heard from the lips of physicians by thousands of eager but hazy people.

This dictum is true enough, but patients must be taught how to help themselves. They cannot be expected to know instinctively what to do.

How can one help to combat the insidious and distressing sympotms of neurasthenia ? To free oneself from restlessness, irritability, nameless fear and a frequent and tiresome companion to them—sleeplessness ?

If possible, and as always, the *cause* must first be ascertained. In the war this was evident. In peace it is not always easy and when the cause is found it is often very difficult to remove.

I cannot do more than point out the more common cause of nervous strain. Worry ; overwork ; lack of proper rest ; too much alcohol, tobacco or food ; staleness, due to lack of holidays or the monotony of prolonged routine, are the principal ones. No doctor can remove these things from your lives—"The cure rest with yourselves."

Armchair Cure

These things, however, will help you :

What about a little more rest after meals ? A little earlier to bed ? A more leisurely dressing in the mornings ? The cultivation of a hobby ? A quiet half-hour *alone* each evening with the idea of enjoying a novel or dipping into old favourites? The "cutting" of the habit of doing something or going somewhere every night ?

A comfortable armchair, a shaded light, feet up and closed eyes, are very conducive to calmness and invaluable to jaded nerves.

Pleasant thoughts and pleasant scenes can be conjured up with a little practice, and when this stage of rest and contentment has beed reached is the time to say to oneself that life holds much that is good. That things might be much worse. That many are not so happily situated and that there is much to be thankful for. "Suggestion," if you like to call it so, but it is pleasant and efficient medicine for the worn and frayed nerves of many modern men and women.

Try it.

THE HOME PAGE DOCTOR.

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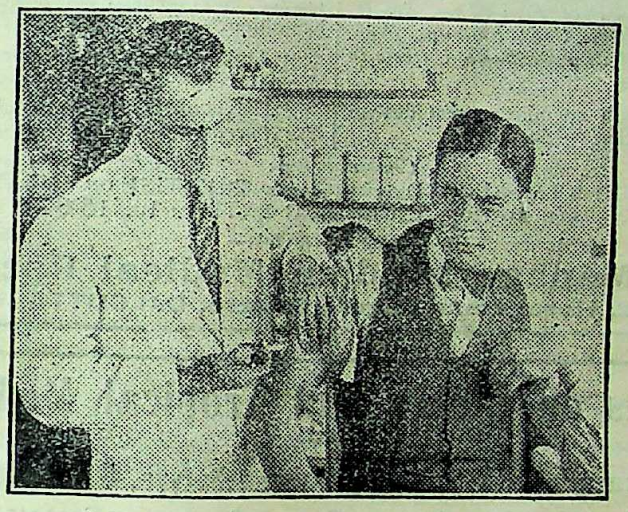
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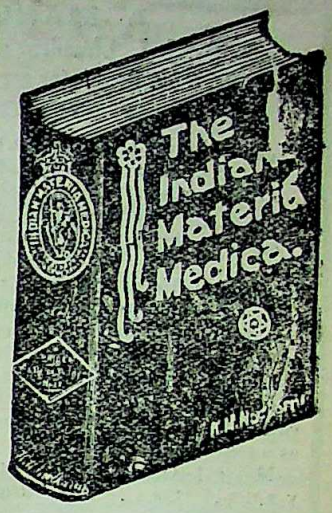
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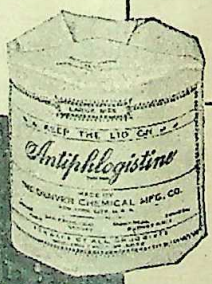
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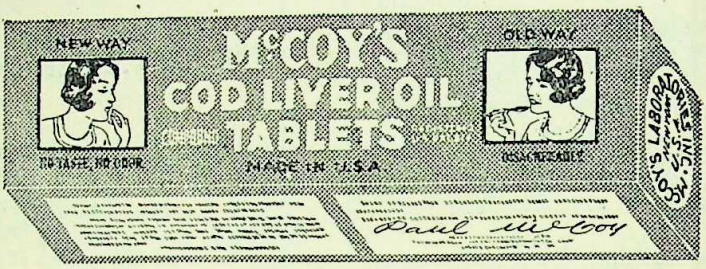
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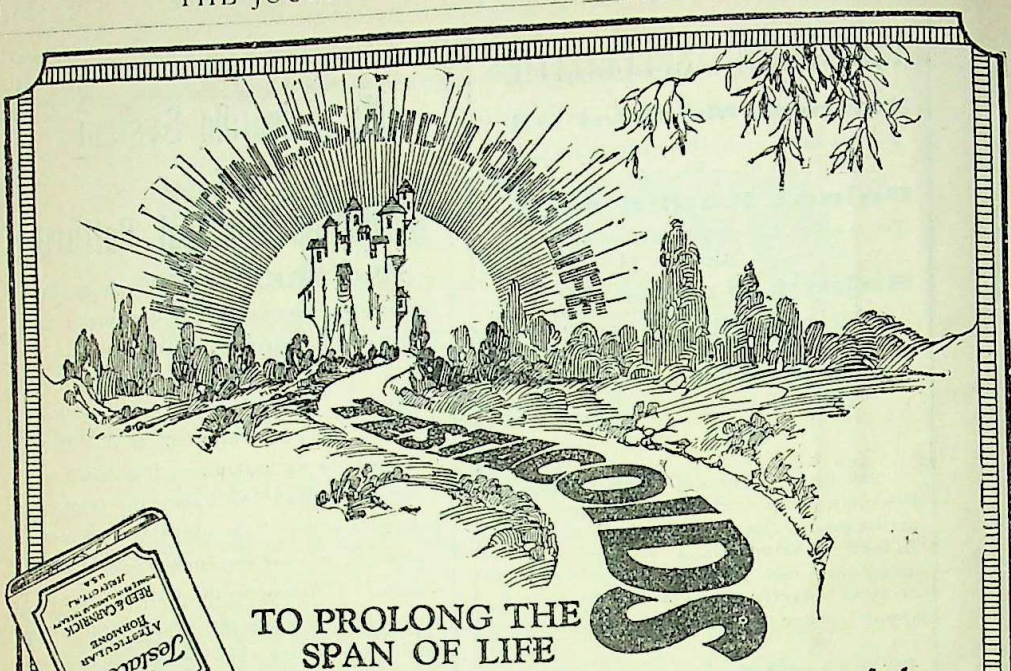
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103-1, Beadon Street, Beadon Street P. O., Calcutta.
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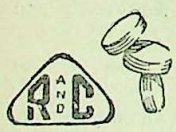
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THE JOURNAL OF AYURVEDA

Vol. VIII.] July, 1931. [No. 1.

The Year Out

With the June issue, the Journal of Ayurveda completed yet another year's existence and has stepped into its eighth year.

The year 1930 has been a momentous one from various stand-points especially when India and her indigenous enterprises are concerned. A new era has been ushered, so to say, in this country since April 1930 and India is better off for it. Dependant, as we had been for every article of life on countries other than ours, the gain we heve got as a result of the last struggle is no doubt very great. Condition of Industries in this country at present is very promising and India is now in a position to maintain her own quite independently as regards medicine, toilets and clothes. It has also been a feature of the present day for people to organise themselves for social and sanitaty works without extraneous help.

Due to worldwide trade depression and boycott movement here and there, economic condition of the globe is very alarming and India also has got her share in this depression.

The peculiarity of the present economic distress is that there is famine in the midst of plenty. There is enough of raw materials but no money to buy them with and the peasants as well as the landlords are hard put to it to meet all the demands.

We are glad to learn that the all-India Ayurveda Mahamandal has been rccognised by the Government and as such its diplomas and degrees will now carry weight not only with the public but also with the Government.

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It is needless to say that the Degrees of the Mahamandal are the highest recognition that may be offered to an Ayurvedist. We wish the Mahamandal will now impart knowledge of Ayurveda to Indians more vigorously.

We congratulate Dr. Bidhan Chandra Ray on his being elected the Mayor of our city. This is the first time in the history of the Calcutta Corporation that a medical man has been elected its Mayor. Dr. Ray does not require any introduction from us as he is already widely known not only in the profession but also as a public man. He was at the head of the Financial Committee of the Calcutta University for several years together and his work there has almost been praised and recognised even by his worst enemies and his severance of connection with the Uuiversity due to some difference of opinion is still regretted by that body. In the Corporation itself he has already introduced several new schemes which he wishes to carry through as a man of indefatigable spirit. We have every reason to believe that he will be able to reform the present-day Corporation. He is primarily a medical man and we hope that during his mayoralty the sanitary condition of the city will enlist his first attention.

A little bird whispers into our ears that all is not well with the affairs of the Astanga Ayurveda Vidyalaya. Full one year has elapsed since the resignation of Mahamahopadhyaya Kabiraj Gananath Sen, its principal. The post was advertised in the papers stating that they required an experienced and doubly qualified man—Medical and Ayurvedic as its Principal on a handsome salary of Rs. 200 a month. Of course applications did come but not from Gananath Sens or Radhakrishnans or Lakshmipatis or Jadavji Tricumjis and as such the post could not be filled up. The vice-Principal, an old man with little capacity to work and not possessing the double qualification required was raised to the status of Principal for a few months only but he died very soon

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in harness. Later on learned Kaviraj Jogendra Nath Sen the Dean of the College managed the affairs for some time but unfortunately he too passed away recently. We understand that due to absence of a permanent incumbent as Principal, affairs of the College are suffering greatly. Students complain that their classes are not regularly taken and if taken at all, not by competent men. Management of the hospital as also of the out-door dispensing are not quite up to the mark.

The allegations are no doubt very serious and we appeal to the authorities concerned to take prompt action in the matter.

We publish elsewhere in the current issue reports of two Ayurvedic dispensaries of the Madras Presidency and are glad to see that Ayurveda is becoming popular in that province. In our last issue we published report of the workings of the D. A. V. College, Lahore, and the present year compares favourably with the last.

Apropos, we published a correspondence from Kaviraj Malikram Bhasin, who urges us to be more *practical.* We have nothing to say in the matter if by *practical* he means Case Reports. We have approached several Ayurvedic Institutions for such reports but without any success. Besides interesting cases are always very few and far between and the Kavirajas that get them to treat, do not care to keep a record of them ; thus, depriving the public the benefit of thereof. Reports of ordinary cases are legion and we cannot always publish them as they will not be much interesting. However, we will publish now and then reports from our own experience.

We take this opportunity to thank our leaders and well wishers for patiently bearing with us for the last twelve months. Our thanks also go to our contributors but for whose help, we could not have performed our duty. In our task of journalism we might have offended some and wounded the feelings of others. We take this opportunity to ask of them their forgiveness for our shortcomings and let us assure our readers once more that God willing we will try to render a better account of ourselves during the next twelve months.

H. N. C.

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Original Articles

AYURVEDIC THERAPEUTICS

OR

THE THEORY OF RASA, VEERYA, BIPAKA & PRAVABA

BY

VAIDYABHUSANA PURUSOTTAM SASTRI HIRELEKER,

AMRAOTI.

(Continued from our last issue)

Prabhava :—Though there are many properties of Haritaki, there does not seem to be even one which can be pointed out from the scientific definition as Prabhava or specially workable. To take its structure and mould into consideration, this substance seems to be bony and fleshy. First it has the internal bony part, then the marrowy one and then the fleshy part above that, which is full of the Rasas and is meritorious and bears similarity with the mass of flesh and its interior liquid such as the Rasa, Blood, Water etc., whereupon only will it (Haritaki) be effective. Its effects experienced from the skin right down upto the Dhatu fat, and in accordance with its general appearance, its properties such as purifying and destroying spoiled liquid, increasing productivity, stopping wastage, giving strength, removing looseness, retaining or adding to the contracting property even while doing the purifying work, are given. The internal bony substance is essenceless and the use of the marrowy portion is not mentioned. The same might, however, be useful on the marrow Dhatu. In this way, Haritaki is classified in general and in particular, but it must be borne in mind that though it has many powerful properties, there is not one which is specifically powerful. Many qualities mean all of common importance. Whenever a specific property cannot be mentioned, there alone can be enumerated many properties. Such manifold meritorious medicines can be harmlessly effective by constant use in chronic diseases and in cases where vitality is lowered, and in many diseases that are mingled together. These

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medicines are in many points similar to the substances wholesome to the healthy. The difference between the two is only this that the latter are able to occasion in a certain proportion the growth of the Dhatus and the former cure all diseases in general.

3. *Atarusha* (Adhatoda Vasica)

Text properties (Dhanvantari and Raj Nighantus).

आटरूषो हिमस्तिक्तः पित्तश्लेष्मातिसारजित् ।
क्षयहृच्छर्दिकुष्ठघ्नो ज्वरतृष्णाविनाशनः ॥ १ ॥
वासा तिक्ता कटुः शीता कासघ्नी रक्तपित्तजित् ।
कामलाकफवैकल्यज्वरश्वास क्षयापहः ॥ २ ॥

(*i.e.* Atarusha is cold by Veerya, bitter and pungent, diminisher of Pitta and Kapha, curer of diseases like Diarrhœa, Tuberculosis, vomiting, Kushthas (Skin Diseases), Fevers, Thirst, Cough, Asthma, Jaundice and Scurvy (रक्तपित्तम्).

These properties can be classified by the Rasa, Veerya, Vipaka, and Prabhava System as follows :—

Rasa :—Bitterness is the main Rasa of Atarusha though pungence is not also quite much imperceptible ; so this has mixed Rasas. The local effects of these Rasas are to let the mouth flow and remove its stickiness, loss of appetite and phlegmaticness. But it is somewhat dejective.

Vipaka :—Vipaka is not clearly mentioned, but the Vipaka of Bitter and Pungent Rasas must be Katu or Pungent. In its digestive state, therefore, the general stimulant and digestive actions are produced. Being somewhat disappealing, it also contains little laxativeness.

Veerya :—Its Veerya has been said to be cold, and this is its speciality. In accordance with Rasa and Vipaka, it must have been hot. (रसाः कट्वम्ललवणा वीर्य्येणोष्णा यथोत्तरम् ।)

So this cold Veerya shows that it has the principal Rasa—Tikta or bitter, or the power of pungent Rasa is marred by this cold Veerya and the actions of the Bitter Rasa are experienced in accordance with the Veerya. But there is also one difficulty, for, having told the cold Veerya, it is again said to be the diminisher of Kapha. Cold substances do not diminish Kapha, but they increase it. Sushruta does not mention even the

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pungence of Atarusha but it has been said at the same time that it destroys Kapha :—

आटरूषकवेत्राग्रगुडूचीनिंबपर्पटाः।
किरातितिक्तसहितास्ते तिक्ताः पित्तकफापहाः॥ (सु. सू. अ. ४६ ८२,)

Besides, the violence (vehemence) of Atarusha that is experienced and is of great importance is not mentioned therein. The same violence or vehemence is itself effective upon Asthma, Cough, and the accumulation of Kapha in the region of the chest. But it is told here that the quality of its diminishing Kapha and Pitta, and the significance of the same can be shown as follows :—

(i) Atarusha is useful on the Diseases from Pitta such as Kushtha (Skin Diseases), Fever, Jaundice, meaning the diseases in the whole body, (which are called in the Ayurvedic terminology as the Shakhagata Diseases (of hands and feet) or the diseases in the outer path of diseases, Rasa and Blood Dhatu ; and

(ii) Upon the diseases from Kapha such as Asthma, Cough, Tuberculosis, Vomiting, which are produced in the region of the Chest. How can Atarusha be useful by one quality alone on both these kinds of diseases produced from both the different Doshas ? From the Vidagdhata (fermentation) produced in the blood (or the Rasa Dhatu), Kushtha and Jaundice are produced in accordance with its gradation. The medicine in this case should be such as will remove the Vidagdha condition and should possess cold Veerya so that it will not create cauterization. On account of the mixture of these two qualities, it is useful on the above Pitta and the diseases from the same. But the clearing off of a greasy substance like Kapha cannot be done unless a very violent medicine is used on the diseases such as Asthma, Cough, etc. These are produced on account of the accumulation of Kapha in the chest. The useful part of Atarusha is its leaves, and there is a sort of vehement smell in their juice. If the juice is annointed to the palm of the hand, it gets a sort of stickiness, and snuffy dots are formed there giving the violent odour. This same violence is the clearer of Kapha which is accumulated in the covering substratum of the lungs. Kapha then coming into the state of Ullekha (point of being excreted) passes out and Cough, Asthma, Vomiting, etc., are cured. The difference between Atarusha and other violent substances is this that even while doing the action of the clearing off of Kapha, it creates no heat or cauterization. This is what is meant by its cold Veerya. In the diseases of Kapha, Kapha,

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is first of all accumulated and after some time, it is turned into Vidagdhata (Spoiled) (changes into spoiled water and acidity is produced there विदग्धः चारतां व्रजेत्।) and in this, so to say the poisonous (Ama Visha) state of Kapha on account of the bodily disorder, a cauterizing and exciting quality is produced, which occasions a harmful effect of cauterization and abrasion on the covering layer of the lungs. In this condition alone, a medicine specially destroying Kapha, but cold by Veerya, is necessary. Hot medicines might diminish Kapha, but cauterization will be increased and there is then the possibility of Scurvy (Rakta-Pitta) being occasioned (flowing blood through the abrasions produced). So, without producing any untoward action, there must be a proper medicine which would destroy the disease that is produced, and Atarusha is by far the best in this respect. It is in the above stages that Phthisis and Scurvy are respectively produced, and on the same, Atarusha alone proves effective by diminishing Kapha with its violence, and Vidagdhata with its cold Veerya, and in the same process proves effective on Phthisis and Scurvy. The same properties are effective in the whole bodily disorder of the Rasa Dhatu. But the violence or vehemence is not so much clear and directly effective there as it is over the diseases of the chest. For the sake of accuracy in treatment, there should be a clear and unambiguous understanding as to Atarusha's curing the diseases of Kapha in the chest and those of Pitta in the Rasa and Blood Dhatus. So also along with the cold Veerya it should be mentioned that it has violence (meaning vehemence) of its pungence, as Katu (pungent) is the Anurasa (Subsidiary Rasa—Taste) of the Tikta (Bitter) Rasa in Atarusha (violence—तीक्ष्णता is not only vehemence, उग्रता is included in it) in the properties of Atarusha, which is required to be clearly borne in mind for the full understanding of Atarusha.

Prabhava :—Atarusha's Prabhava is its use over the diseases of skin on account of its similarity with its leaves. That is to say, the use upon fever, Kushthas, etc., is its Prabhava. The Rasa-flowing canals in the body having been filled up by the sticky and phlegmatic substance, Rasa Dhatu does not properly circulate through them and then the action of production of other Dhatus such as blood, flesh, etc., does not go on smoothly and then there results weakness in them. This is what is known as the first stage of Phthisis—Raja-Yakshma. In this stage, due to the Vidagdhavastha (spoiled condition) of the accumulated

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Kapha,—fever, etc., which are the untoward symptoms of phthisis are produced, and upon both these conditions of Kapha, Atarusha is effective. Besides, it is instantaneously effective upon the diseases of chest from Kapha such as Cough, Asthama, etc., so it is reasonably considered to be a very important medicine on Tuberculosis. In ordinary practice, Atarusha is being used on the local diseases of the chest only—such as Cough, Asthma, etc. and is considered to be the best medicine on these due to its instantaneous effect. There is, however no knowledege of its use being efficacious on Fever, Kushthas, etc. But the fact is that Atarusha's special action is chiefly seen on the diseases of the Rasa and Blood Dhatus and the skin, so also on Kushthas, taking into consideration its Rasa, Vipaka and Veerya and the similarity in its mould. In this way, Atarusha is a very effective medicine on the diseases of Kapha in chest and those of Pitta in Rasa and Blood Dhatus and in skin. Besides, there is also one speciality of Atarusha which can easily be understood. The juice in Atarusha's leaves is in a way foamy (this foaminess may be called slipperiness), and then why cannot this property show its prowess? Amongst the usual metabolic processes of the body, constant movement—contracation and expansion of the fleshy parts by which the actions of visible parts, as also those of the minutest cells, are going on. The exchange of the Rasa being the result of the bodily anabolism, it is due to this action of contraction and expansion. For this daily action, a sort of slipperiness-foaminess is required, for, without the same, there will be dreariness and unnecessary contraction. Whenever the action of production of the Dhatus is lessened, so also whenever a spoiled substance gets accumulated in the minute intercellular spaces in a clung state (stuck), such foamy vehement substance is useful to clear away these spaces (spaces in the fleshy mass). Violence gives stimulance, and foaminess and slipperiness produce softness which help their smooth movement and the purification of the Dhatus having been effected, their productivity which was temporarily stopped, again commences. In this consideration also, Atarusha seems to be the best medicine in Phthisis.

The illustrations given above will help to understand the classification of the properties. Effects on the mouth and throat as also the stomach, and the general actions are to be fixed from Rasa, actions in the digestive organs, especially intestines,

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from Vipaka, the general view of the whole bodily action from Veerya, as also the general usefulness on the varieties of diseases in accordance with the principality of the Doshas, and the special local actions from Prabhava.

Texts also denote Rasa, Vipaka, Veerya and Prabhava by the production or cure of diseases. But there is no clear distinction between the actions of Veerya and those of Prabhava. It is required to be fixed by taking into consideration the structures, qualities, nature and the history of the life of substances. There is also such a description as destroying Vata, destroying Pitta, destroying Kapha, or destroying two or three Doshas, or in the same manner producer of such and such Doshas, but there is not given any gradation and explanation of the properties of these Doshas. To understand this, qualities of Doshas and the eight subdivisions of the Veerya must be simultaneously considered and the same is not difficult if the settlement of Dualism and Trinity (द्वंद्व and सन्निपात) (Sannipat) of Doshas is realised with the help of the Tridosha Theory. Besides, one substance alone produces the creative or destructive quality of the Tridoshas somewhere by nature, somewhere by properties, and somewhere by mould. The destruction of Kapha and Pitta by Atarusha, as explained above, should be borne in mind in this connection. So also the mixture in one substance of Rasa and Anurasa and the relative strength and want of strength of Rasa, Vipaka, Veerya and Prabhava, should be taken into consideration. If all these things are remembered, then only will the properties of substances be understood for certain. Sometimes, the condition of the patient is also required to be taken into consideration, if the properties are really desired to give the said effect. While using a violent and exciting substance, if Kapha in the chest and the stomach is on the point of being overflown, there will be vomiting and no further action is possible; but if that is not so, the excitation of the vehemence will result in purgation; and if the bowels are costive, there will be no purgation even, but the vehemence will mix in blood and will cause the bodily cauterization and excitation. For this sake, this thing is also required to be taken into consideration for the ascertainment of properties.

(To be continued.)

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TRIDOSHA THEORY OF AYURVEDA

BY

B. V. DEGWEKER M.A., M.Sc., LL.D.

JUBBULPUR.

(Continued from our last issue).

CREATION (Padartha)

It is then by the combination of these Panchamahabhutas in different proportions that the inorganic creation is obtained. This process is known as Panchikaran. A substance is called Parthiva, if it possesses a larger proportion of Prithwitatwa or mahabhuta, and the other four in minute quantities. Sushruta therefore says in Sutrasthana, 41st canto :—

पृथिव्यप्तेजोवाय्वाकाशानां समुदायात् द्रव्याभिनिर्वृत्तिः। उत्कर्षस्त्वभिव्यञ्जको भवति इदं पार्थिवं इदं आप्यमिदं वायव्यमिदमाकाशीयमिति।

Thus a lump of earth or an iron ball is a Parthiva Dravya. Even then the iron ball is more Parthiva than the lump of earth, because it is the harder of the two. The qualities which such substances possess have been collectively described by Sushruta thus :—

तत्र स्थूलसारसांद्रमंदस्थिरखरगुरुकठिनं गंधबहुलमीषत्कषायं प्रायशो मधुरमिति पार्थिवम्।

But supposing that the lump of earth has been dissolved in a very large quantity of water, the mixture would become an Apya Dravya, because

द्रवशीतस्निग्धस्रुतिमंदगुरुसर सांद्रमृदुपिच्छिलं रसबहुलमीषत्कषायाम्ललवणं मधुररसप्रायमाप्यम्।

Similarly the iron ball which is originally Parthiva would become Taijas if it be heated until it is white-hot, because

उष्णतीक्ष्णसूक्ष्मरूक्षखरलघुविशदं रूपगुणबहुलमीषदम्ललवणं कटुकरसप्रायं तैजसम्।

A substance like sulphur which is orginally Parthiva passes through the Apya and Taijas stages as it is continually heated and ultimately becomes Wayavya (gaseous), and hence Sushruta says :—

सूक्ष्मरूक्षखरशिशिरलघु विशदं स्पर्शबहुलमीषत्तिक्तं विशेषतः कषायमिति वायवीयम्।

as also

श्लक्ष्णसूक्ष्ममृदव्यवायिविशद विविक्तमव्यक्तरसं शब्दबहुलमाकाशीयम्।

This is in short the Pancha-mahabhautic theory of matter.

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RELATION BETWEEN THIS THEORY AND HUMAN SYSTEM.

I have thus shown that the whole creation in the universe leaving the organic part of it, which consists of mind and 10 Indriyas, is formed out of Panchamahabhutas. Now if we minutely study the human system, we find that it also consists of substances like blood, bones, nails, flesh and such others, which as they come under one or the other category of Parthiva, Apya, Taijas, Wayavya or Akashiya Dravyas are also Panchamahabhutatmak, with only one difference that there exists life also along with these which is due to the existence of mind and 10 Indriyas—(that are as stated above God-gifted machineries as it were)—and soul. Charakacharya has clearly stated तत्र शरीरं नाम चेतनाधिष्ठानभूतं पंचमहाभूतविकारात्मकं समयोगवाही।

And Sushruta corroborates it saying :—

अस्मिन्शास्त्रे पंचमहाभूतशरीरि समवायः पुरुषः।

Thus the body is also Panchamahabhutatmaka, and therefore a disease in the body is nothing else than Kshaya or Vridhi, (decrease or increase) in the proportion of one or more Panchamahabhutatmaka constituents of the body. But this change in the proportion can naturally occur in innumerable ways, as there can be innumerable combinations of these Panchamahabhutas in different proportions. And as there are equally innumerable substances existing on the surface of the earth, each of which is in every respect different from others, one of these can be such as will have just the opposite kind of proportion of the Mahabhutas as compared to that on account of which the disease has occurred. Such a substance when introduced in the system would counterbalance the proportion and thereby remove the disease. Sushruta therefore holds—

अनेन निदर्शनेन न अनौषधिभूतं जगति किंचिद्द्रव्यमस्तीति कृत्वा तंतं युक्तिविशेषमर्थं वा अभिसमीक्ष्य, स्ववीर्यगुणयुक्तानि द्रव्याणि कर्मकराणि भवंति।

Thus every substance on the surface of the earth is an Aushadhi or treatment for some one or other of the Shareer diseases. These substances have been conveniently divided into three groups, *viz.*, Jangama, Parthiva and Audbhida.

मधुनि गोरसाः पित्तं वसामज्जास्रगामिषम्। विन्मूत्र चर्म रेतोऽस्थि स्नायुशृंग नखाः खुराः।
जंगमेभ्यः प्रयुज्यंते केशलोमानि रोचनाः।

From this list of substances belonging to living and non-living animals we see that each and every part is a cure for some disease,

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hunger and thirst too being included in the disease category. Of the Parthiva substances—

सुवर्णममला: पंचलोहा: ससिकता: सुधा। मन:शिलालिपणयोलवणं नैरिकांजने। भौममौषधमुद्दिष्टं।

These include all metals and their salts and crude ores that are naturally available. There are 4 sub-sections of the 3rd class of substances :—

औद्भिदं तु चतुर्विधम्। वनस्पतिस्तथा वीरुद्वानस्पत्यस्तथौषधी:।

And their differentiation is—

(1) फलैर्वनस्पति: (2) पुष्पैर्वानस्पत्य: फलैरपि (3) औषध्य: फलपाकांता: and
(4) प्रतानैर्वीरुध: स्मृता:।

Of these botanical products nearly every part is used. Charaka says—

मूलत्वक्सारनिर्यास नालस्वरसपल्लवा:। क्षार: क्षीरं फलं पुष्पं भस्मतैलानि कंटका:।
पत्राणि शुंगा: कंदाश्च प्ररोहाश्चौद्भिदो गण:।

The sages of the past have experimented upon a very large number of the above-noted class of substances, and have described at length their effects on the human system according to a particular line they have followed which I will just describe. Some of these are to be found only in particular tracts of this vast continent, while others at other places, where the climate is suitable to them. And therefore it is that we have to collect as many of them as possible and exhibit them so that we might come to know all about them by mutual discussion and try them on particular ailments.

Siddha Aushadhis are also a speciality of Ayurveda. There are different processes to be followed in the preparation of different Bhasmas. Modern Chemistry is at present unable to detect why a particular preparation, which when chemically analysed is found to contain the same ingredients in the same proportion, should produce an altogether different effect if the process followed to prepare it is different. For instance, Rasasindura and Makaradhwaja are two different Siddhayogas, which if chemically analysed are found to contain the same proportion of mercury and sulphur. In fact, both are red oxides of mercury. But Makaradhwaja is far superior in its effect on the human system to Rasasindura. Some light is likely to be thrown on the difference existing in the action of these apparently similar substances according to the recent researches of Sir C. V. Raman.

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His spectroscopic results regarding "Raman lines" show that there is a molecular change in substances apparently similar in composition, and it is just possible that this may account for their different effects on the human system.

Constituents of the Human System.

So far I have dealt with the basic elements that form the whole creation including the human system, as well as all other substances that can be used as treatment for any ailment in the system. But when we come to the practical side of the treatment, it becomes very difficult to find out the changes in the proportion of the Mahabhutas either in the suffering human system or in the substances to be administered in order to set it right. Ayurveda has therefore adopted a different course to remove this difficulty. The sages have divided the main constituents of the human system into three classes, Dosha, Dhatu and Mala.

दोषधातुमलमूलं हि शरीरम्। सु० सू० १८।

दोषधातुमलमूलं सदा देहस्य। वा० सू० ११।

Difference between Dhatus and Upadhatus.

Before I proceed to discuss these three classes separately, I have to make it clear that the word Dhatu has been used in Ayurvedic literature in two different senses. In fact the word Dhatu according to Sanskrit Grammer is derived from the root 'Dhay—Dharan, Poshane', and any constituent of the body which helps to keep up and nourish it may be called Dhatu. There being nothing superfluous in the human system, so long as there is no disease in it, every constituent of it is a dhatu. But for convenience the word 'dhatu' has been reserved only for those constituents which take part in the general metabolism, and develop the principal constituents from the food that we take everyday in order to make up for the waste which is occurring every second in the system. The rest are called Upadhatus. Thus skin (twacha), Snayu, Kandara, Shira etc. are all Upadhatus, because they do not go to form any other substances in the body, but are the ultimate products; but still they have their various functions to perform. Thus whenever there is a disease in the human system, which is not Agantuka (extrinsic), but Nija (intrinsic), there is originally a change in the proportion of Dhatus and not of Upadhatus. If the disease continues, the Upadhatus

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too may be ultimately affected but not so in its initial stage. Hence Charakacharya holds that

विकारो धातुवैषम्यं साम्यं प्रकृतिरुच्यते ।

and Chakradatta in his commentary on this passage states—

धातवो वातादयो दोषाः रसादयश्च रजः प्रभृतयश्च । तेषां वैषम्यं व्यवह्रियमाण स्वाख्यहेतोः स्वमानाच्च न्यूनत्वमधिकत्वं वा ।

Thus a disease in the system is nothing else than either an increase (Adhikatwa) or a decrease (Nyunatwa) in the proportion of these dhatus. This proportion has been roughly stated thus ;—

दशोदकस्यांजलयः शरीरे स्वेनांजलिप्रमाणेन—नवांजलयः पूर्वस्याहारपरिणामधातोः यंतं रस इत्याचक्षते । अष्टौ शोणितस्य । सप्त पुरीषस्य । षट् श्लेष्मणः । पंच पित्तस्य । चत्वारो मूतस्य । त्रयो वसायाः । द्वौ मेदसः । एको मज्जायाः । मस्तिष्कस्यार्धांजलिः । शुक्रस्य तावदेव प्रमाणम् ।

And therefore the treatment of a disease or (Chikitsa) is nothing else than to re-establish the original condition. Chikitsa has therefore been defined as—

चतुर्णां भिषगादीनां शस्तानां धातुवैकृते । प्रवृत्तिर्धातुसाम्यार्था चिकित्सेत्यभिधीयते ।

Or as put still more concretely and lucidly—

याभिः क्रियाभिर्जायंते शरीरे धातवः समाः । सा चिकित्सा विकाराणां कर्मतद्भिषजां मतम् ।

In fact the very object of promulgating the Ayurvedic science has been stated as धातुसाम्यक्रिया चोक्ता तंत्रस्यास्य प्रयोजनम् ।

The words Dhatusamya and Dhatuvaishamya referred to in these passages take into account only those dhatus or constituents of the human body which have been referred to above as the root cause of the body in the Sutra—दोषधातुमलमूलं हि शरीरम् ।

DISTINCTION BETWEEN DOSHAS AND DUSHYAS

Having thus made a distinction between the Dhatus and Upadhatus. we have now to consider the three groups in which the constituents have been divided. These are Doshas (mostly secretions), Dhatus (principal tissues), and Malas (excretions). The whole body, even according to the recent anatomists, has been divided into secretions, tissues and excretions. That Ayurveda could think of the same division so far back as 4000 years ago is a matter of pride for that science. Thus the word Dhatu which as stated above in compounds like Dhatusamya and Dhatuvaishamya means and includes in a wide sense Doshas, Dhatus and Malas

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has been in a narrow sense applied only to principal tissues. They have been enumerated thus :—

(1) वायु: पित्तं कफश्चेति त्रयोदोषाः समासतः ।

(2) रसासृङ्मांसमेदोस्थिमज्जाशुक्राणि धातवः । सप्त दूष्याः ।

(3) मला मूत्रशकृत्स्वेदादयोपि च ।

The reason why these 13 dhatus have been distinguished as Dosha, Dhatu and Mala is that although they all support and nourish the body, the 1st three of them viz. Vayu, Pitta and Kapha substances have the power of vitiating all the rest 10 constituents, and thus bringing about disease in the system शरीरदूषणाद्दोषा, while the rest *viz.*, 7 Rasadi and 3 Swedadi are called Dushyas because they cannot themselves bring about disease, but are themselves vitiated by the Doshas.

दोषा दुष्टा रसैर्धातून्दूषयंत्युभयं मलान् ।

The last three *viz.*, Sweda, Mutra and Shakrit are termed Malas also, because ultimately they are always excreted from the body, although in their initial stage they keep up and nourish it.

पुरीषवातादयोपि शरीरावष्टंभकाः प्रसाद एव गुणकर्तृत्वात् ।—चक्रदत्त ।

That these subtances Wat, Pitta and Kapha so long as they are in normal condition in the body (samyawastha) support and nourish the body is evident from the following passages :—

त्रयो दोषा धातवश्च पुरीषं मूत्रं एव च । देहं संधारयंत्येते ।

वातपित्तश्लेष्माण एव देहसंभवहेतवः । तैरेवाव्यापन्नैरधोमध्योर्ध्वसंनिविष्टैः शरीरमिदं धार्यते जागारमिव स्थूणाभिस्तिसृभिः । अतस्त्रिस्थूणमाहुः ।

नतैर्देहःकफादस्निपित्तान्नचमारुतात् । शोणितादपि वा नित्यं देह एतैस्तु धार्यते ।

विसर्गादानविक्षेपैः सोमसूर्यानिला यथा धारयंति जगद्देहं कफ पित्ता निलास्तथा ।

That these three exist in the body even when there is no apparent existence of the rest of the Dhatus, *i. e.* from the time of conception until death, is clear from the following :—

नित्याः प्राणभृतां देहे वातपित्तकफास्त्रयः विकृताः प्रकृतिस्था वातान्वुभृत्सेत पंडितः ।

शुक्रार्तवस्थैर्जन्मादौ विषेणेव विषक्रियाः । तैश्च त्रिभिः प्रकृतयः ।

And that disease is produced in the human system by no other agency than the vitiation in these three substances only is definitely proved by the following statement :—

स्वधातुवैषम्यनिमित्तजा ये विकारसंघा बहवः शरीरे ।

न ते पृथक्पित्तकफानिलेभ्यः आगंतवस्त्वेव ततो विशिष्टाः ।

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GENERAL PRINCIPLES TO BE FOLLOWED IN REMOVING DHATU-VAISHAMYA.

Having so far enunciated and differentiated the various constituents of the human body, and stated that Wat, Pitta and Kapha substances are the only constituents which by their normal proportion bring about disease in the body, it is necessary to find out how the Dhatu-vaishamya caused by these Doshas can be removed, and the original Dhatu-samya re-established.

Charaka holds that—

सर्वदा सर्वभावानां सामान्यं वृद्धिकारणं। ह्रासहेतुर्विशेषश्च।

समानगुणभ्यासोहिधातूनांवृद्धिकारणमिति। प्रकोपनविपर्ययोहिधातूनां प्रशमकारणमिति।

वृद्धिः समानैः सर्वेषां विपरीतैर्विपर्ययः। वाग्भट।

Here Arunadatta, the commentator says :—

सर्वेषां दोषधातुमलादीनां शरीरावितानांसमानैस्तुल्यसंख्यावैवृद्धिः स्वप्रमाणाधिक्यम्।

Now can there be a Swapramanadhikya of only Karyanumeya substances as Dr. Gananath Sen says ?

These sentences indicate that whenever any substance in the body decreases in quantity, if the same substance could be introduced in the system, the Dhatu-vaishamya due to it will be removed ; not only this but even if another substance which is Saman-guni *i.e.*, possessed of the same attributes as the former be introduced, still Dhatu-samya could be established. Similarly, if on the contrary some constituent of the body has increased in quantity, the introduction of another substance which is Wiparita-guni *i.e.* possessing contrary attributes, would remove the Dhatu-vaishamya. Thus if you find that a person is suffering from want of blood which passed away from his body owing to say a severe lathi charge, then according to Ayurveda, you should either inject blood from another person in his system, or make him drink blood in some form or other. This remedy has been ordained by Charaka thus :—

एवमेव सर्वधातुगुणानां सामान्ययोगाद्वृद्धिः विपर्ययाद्ह्रासः। तस्मान्मांसमाप्यायतेमांसेन भूयस्तरमन्येभ्यः शरीरधातुभ्यः। तथालोहितं लोहितेनैव। मेदोमेदसा।—गर्भस्खामगर्भेण।

But a difficulty arises when owing to various reasons, the chief of them all being aversion (Ghrinitwa) one cannot take that substance. Then the sage directs—

यत्वेवंलक्षणेन सामान्येन सामान्यवतामाहारविकाराणां असान्निध्यं स्यात्। सन्निहि तानां वाप्ययुक्तत्वान्तोपयोगो वृष्यित्वादन्यस्माद्वा कारणात् स च धातुरभिवर्धयितव्य स्यात्। तस्य ये समानगुणाः स्तुराहारविकारा असेव्याश्च। तत्र समानगुणभुयिष्ठानाम न्यप्रकृतीनामन्याहारविकाराणामुपयोगः स्यात्।

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And then the author goes on to enumerate a number of Saman-guna-bhuyishtha remedies which include all the classes of materials whether Jangama, Parthiva or Audbhida, taking different examples or Dhatus in the wide sense whether they belong to Dosha, Dhatu or Mala sub-section.

शुक्रक्षये क्षीरसर्पिषोरुपयोगो मधुरस्निग्धसमाख्यातानपरेषां द्रव्याणां। मूत्रक्षयेपुनरिक्षुरसवारुणीमंडःद्रवमधुराम्ललवणोपक्लृप्तिनां। वातक्षयेकटुतिक्तकषाय.....पित्तक्षये.....श्लेष्मक्षये.....।

It is not that the Dhatu-vaishamya can be removed simply by the administration of Saman-gunabhuyishtha Ahar-vikar, but even—

कर्माऽपि यद्यस्य धातोर्द्विकरं तत्तदासेव्यं। एवमन्येषामपि शरीरधातूनां सामान्यविपर्ययाभ्यां वृद्धिह्रासौ यथाकालं कार्यौ।

From this discussion it is evident that the word Bhava in the sentence सर्वदा सर्वभावानां सामान्यं वृद्धिकारणम् does not merely indicate an attribute or Guna, but also a substance (Dravya), as well as (Karma) *i.e.*, the action or the effect which the substance produces on the human system after it has been digested and assimilated. Chakradatta has clearly stated that भवंति सत्तमनभवंतीति भावाः गुणद्रव्यकर्माणीत्यर्थः।

Thus since we cannot know which of the Shareera Dhatus has actually increased or decreased in the system, we must find out that decrease or increase by the corresponding reduction or increment in the attributes of that dhatu, as well as of its Karma, *i.e.*, the actions for which it was responsible. For example, if we know that Wat is Sheeta and Ruksha and causes the nervous system of the body to work properly, then if we find that a person is feeling more cold, and his body is more dry than what it was ordinarily, and that the nervous system is stimulated to a higher degree than normal, our conclusion would be that the Wat substance has increased in the body. It is therefore necessary now to find out what are the Dravya, Guna and Karma of all the Shareera dhatus and especially of Wat, Pitta and Kapha which have been proved to be the root cause of all diseases ; and also to determine the corresponding Dravya, Guna and Karma of all the existing substances to be found on the surface of the earth ; so that when we know from these Guna and Karmas which of the Doshas in the body has either increased or decreased, we could introduce in the system such of these substances as would just counterbalance the original Waigunya in the Doshas. In fact these are the two main sections of Ayurveda, the first being discussed in Sutra-sthana of every work and the second in Nighantoo or materia medica,

(To be continued.)

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FEVER IN AYURVEDA

BY

ASHUTOSH ROY, L.M.S.

Hazaribagh.

—:o:—

(Continued from our last issue.)

ANALYSIS OF INDIVIDUAL PRESCRIPTIONS USED IN VAYU FEVER AND ITS COMPLICATIONS.

We have already stated that "Gulancha" is the specific to neutralise the toxins and germs of "Vayu" fever. Its value is increased if the creeper is allowed to creep in a "Nim" tree.

Group 1—In which Gulancha is the principal medicine variously combined. These are the various decoctions stated below :

(a) *Pipulyadi-kwath*—Here Gulancha is mixed with Long Pepper and dried ginger which are Carminatives, Stomachics. It rouses the appetite when it is particularly depressed as a result of Vayu or Vayu-Kapha fever.

Another combination similarly named contains besides Gulancha and Long Pepper, seed of Kurchi-Indrajava (Holerrhœna antidysentrica) which is astringent and is good in Vayu-Kapha fever with dysenteric stool.

A third combination similarly named contains besides Gulancha and dried ginger the following :—

Mutha (cyprus Rotundus)—diuretic, stimulates liver and kidneys and helps the diuretic action of Gulancha. It also acts as diaphoretic.

Duralava (Alhagi maurorum)—laxative.

This last combination is a diuretic—diaphoretic—laxative mixture combined with the specific medicine, this is good in the beginning of the "Niram stage of vayu fever "when the secretions and excretions are unlocked. It helps further the evacuation of the fever-toxins by stimulating the functions of the skin, the kidneys and the bowels.

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(b) *Sunthyadi Kwath*—It contains besides Gulancha and dried ginger the following :—
Nagar-Mutha (cyprus scarissus)—fragrant diaphoretic,
Chireta—antibilious, stomachic, antifebrile.

It is given to check the toxin and kill the fever germs after the patient's Dosha is corrected and fever is off but still remaining in the system.

(c) *Satabarjyadi Svarasa*—It is expressed juice of gulancha and Satamuli (asparagus sarmentosus) which is alterative and diuretic.

This may be used as a home remedy in Vayu fever as it acts specifically and corrects the deranged Dosha by removing the fever toxins out of the system through the kidneys.

(d) *Drakshadi Kwath*—Here Gulancha is combined with
Grapes—Laxative.
Gambhari (Gmelina Arborea)—Laxative.
Bala-dumur (Ficus Hetrophylus)—carminative.
Ananta-mula (Hemidesmis)—Alterative.

Such a combination removes fever toxins by the kidneys and intestines—corrects the deranged Dosha. It is indicated in "Vayu" fever with constipation.

(e) *Guduchyadi Kwath*—Here Gulancha is combined with
Anantamula (Hemidesmis)—alterarive.
Sulpha sag (Panadanum Graveolens)—carminative.
Grapes—cooling, laxative,
Punarnava—diuretic, laxative.

This combination is useful in Vayu fever with sluggish liver—associated with puffiness.

(f) *Brihat Pancha-muladi Kwath*—It contains besides Gulancha and Brihat-Panchamul—
Amlaki (Embelic myrobalum)—astringent, antibilious.
Dhania (coriandar)—carminative.
It is specific to re-adjust the deranged Dosha.

Group 2—Specific combinations to relieve Specific Complications.

Amongst the usual complications of Vayu fever may be mentioned :

(1) Constipation—another variety of Pipuladi Kwath.
(2) Imperfect urination—another variety of do.
(3) Rheumatic pains—Rasnadi Kwath.

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(4) Pain in the joints with Headache—another variety of Brihat Panchamula Kwath.

(5) Pain in the cardiac region—Kanadi Kwath.

(6) Threatening derangement of the other two Doshas besides Vayu—Dasamuladi Kwath.

Analysis of the above combinations.

(1) *Pipiladi-Kwath.* It contains—

Anantamul (Hemidesmis)—alterative

Dried Raisins—Laxative

Sulpha Sag (Panadanum graveoleus)—Laxative

Long pepper—carminative

Renuka (Peper aurantiacum)—carminative.

It is laxative and used in constipation of Vayu fever. It may be noted that laxatives are always combined with carminatives.

(2) Another prescription similarly named contains—

Dhania (coriander)— carminative,

Debdaru (cedrus deodara)—Diuretic,

Kantikari (solanum xanthocarpum)—Diuretic and expectorant.

It is diuretic, antispasmodic and expectorant, useful in Vayu fever with slight touch of "Kapha" (mucous in chest) where the expectoration is scanty and the cough hacking (throat slightly involved) with scanty urination.

(3) *Rasnadi-kwath.* It contains—

Rasna (Acampi papillosa)—relieves pain in rheumatism.

Pargacha (Loranthus Longifolius)—bitter.

Elobaluka Gisckia Pharnaceoides)—vermifuge.

Devadaru (Cedrus Deodara)—diuretic

Saral kastha (Pinus Longifolia)—stimulant and diaphoretic.

It is good to check rheumatic pains in Vayu fever. The fever toxin is removed through skin and kidneys. It is useful in the beginning of an attack of rheumatic fever (variety of vayu fever), Influenza, Dengue etc.

(4) *Brihat Panchamula-Kwath*—It contains besides

Brihat Panchamul—Specific

Rasna (Acampi papillosa)—anodyne, specific for pains,

Kur (Aplotaxis auriculata)—aromatic, stimulant.

Kulthi kalai (Dolichos Bifloris)—diuretic, kidney sedative,

Bala (sida cordifolia)—soothing.

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It is better than No. 3 in checking aches and pains in the head and joints in various Vayu fevers (Rheumatism, Influenza, Dengue etc.).

(5) Kanadi kwath—It contains besides

Gulancha—specific antifebrile diuretic,
Nishinda (vitex Negunda)—slight Emetic, Expectorant,
Kantikari (Solanum xanthocarpum)—antispasmodic, expectorant and diuretic
Mutha (cyprus Rotundus)—antibilious, diuretic,
Chireta—antibilious,
Rasun (Garlick)—expectorant, diuretic,
Dried ginger and Long pepper—carminatives.

It is useful in Vayu fever when the infection is lodged in the chest as evidenced by pain in that region and "Kapha" is beginning to be upset. The fever toxin is removed through the skin and the kidneys and the germs are destroyed. The liver is also stimulated.

(6) *Dasamul Kwath.* It contains—

Five Brihat Panchamul—specific for "Vayu,"
Five Swalpa Panchamul—specific for "Kapha,"
Gulancha (Tinospora cordifolia)—specific febrifuge in "Vayu,"
Long Pepper and its root, Dried ginger, Sulpha Sag (Panadenum graveolens)—carminatives,
Chireta—Bitter, antibilious, antifebrile,
Bala (sida cordifolia)—sedetive,
Bala (Pavonia odouretta)—Fragrant sedative,
Kur (Aplotaxis auriculata)—aromatic, stimulant,
Mutha (cyprus Rotundus)—antibilious, diuretic and diaphoretic,
Dried Raisins, Duralava (Alhagi maurorum)—Laxatives.

To these are sometimes added—

Satamuli (Asparagus Sermentosus)—alterative,
Jayanti (Sesbania Ægyptisae)—stimulant.

N. B.—Swalpa Panachamul contains—

Salpani (Desmodium Gangeticum)—astringent,
Brihati (Solanum Indicum)—Heating, bitter,
Kantikari (Solanum xanthocarpum)—antispasmodic, diuretic,

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Gokhur (Tribulus Terrestris)—Diuretic,
Chakulia (Hemionites cordfolia)—astringent.

It is specific to check "Kapha" (mucous in chest and intestines).

The preparation 'Dasamul-kwath" is a very complex prescription. According to Bhabprakash it is the best prescription for the different kinds of Vayu fever with complications. It induces sleep, removes giddiness, shivering, pain and fever. It is very useful when other Doshas besides Vayu is deranged threatening to change the fever into the "Sannipat" variety.

The points to note are :—

(a) It is the general rule that in the most complicated cases Ayurveda recommends the most complex combination, covering the various complications besides the specific febrifuge and the specific to correct derangement of the Doshas.

(b) A number of drugs in combination are used to cover a single symptom e.g., Carminatives, laxatives, diuretics, diaphoretics and so forth.

Group 3.—Accessory procedures and medicines to check special symptoms.

(a) For *aches and pains* in any part of the body in Vayu or Vayu-Kapha fever apply hot *fomentation* by means of sandbag containing heated sand (Baluka-sveda). Repeated applications will induce perspiration and relieve pain.

(b) In *ulcer of mouth*, throat etc., the following "*kabal*" is to be kept :—

(i) inside the mouth *viz.*, Lemon peel, Black pepper and Rock Salt.

(ii) In ulcer of mouth and throat with bitter taste in mouth and anorexia the following *paste* is to be moved about in the mouth, *viz.*,

A paste of grapes, Amlaki (embelic myrobalam) and clarified butter.

(iii) In ulcer of mouth with bad taste in it, a paste of Pomegranate and sugar or Pomegranate and grapes is useful.

(c) *Sleeplessness* which is induced in Vayu and Vayu-Kapha fever as a result of excessive use of medicated snuffs to relieve headache, excessive fasting, excessive emotional

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excitement, excessive physical exercise etc., the following drugs taken internally are useful :—

(i) Pulv. "Siddhi" (dried leaves and fruiting shoots pulverised of cannabis sativa) with honey at bed-time. It induces sleep, checks diarrhœa and anorexia.

(ii) Pulv. pepper mixed with Treacle.

(iii) Decoction of bark and root of Kakmachi (solanum Nigrum).

As soon as sleeplessness gradually disappears give milk or meat juice or "Dahi" according to indications, as also bathing and rubbing of the body should be done and all mental excitement avoided.

(d) *Tympanitis*—The following paste applied lukeworm over the abdomen is useful.

Take Debdaru (cedrus deodara),
Boch (acorus calamus),
Kur (aplotaxis auriculata),
Sulpha sag (Panadamum graviolum),
Assafoetida and Rock salt.

Make these into a paste with

Kanji (a sour liquid produced by acetous fermentation of Rice, known as "Amani" in Bengal).

Apply the paste lukeworm.

Note—The writer has applied simply assafoedita pasted in soap lather and slightly heated over the abdomen and found it efficacious.

(e) *Pain and buzzing in the ear*—The following medicated oil is useful :—

Black pepper, Boch (acorus calamus),
Assafoetida and Rasun (Allium sativa).

Fried in mustard oil—use after straining the oil.

(f) *Dry hacking cough* :—

Put inside the mouth—

Betel-leaf, Ajowan (Ptychotis), Boch (acorus calamus) and pulv. pepper.

(To be continued.)

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CORRESPONDENCE

—o—

THE EDITORS,
THE JOURNAL OF AYURVEDA,

Dear Sirs,

Kindly publish the accompanying letter in your Journal of Ayurveda and oblige.

Yours faithfully,
KAVIRAJ MALIK RAM BHASIN,
Bhera.

AN APPEAL TO THE AYURVEDIC PRACTITIONERS

I appealed twice in the columns of the Journal of Ayurveda to the medical fraternity in general and to the Editors of the journal in particular, to make the journal practical and more useful to the profession. But, alas, all my appeals and entreaties have fallen flat, as is the case generally with such appeals. Indeed our progress is very slow and at the same time most disappointing as compared to the allopathic system which is making progress by leaps and bounds. It is no use singing the praises of our system and glorifying the past achievements, unless and until we take courage in both hands and tide over the difficulties that confront us and try to inspire confidence and trust in the public.

I requested the Editors to get clinical cases from the Astanga Ayurvedic Arogyashala whose organ their journal professes to be, and print these cases in the journal and issue special numbers of the Journal of Ayurved, on most obstinate diseases such as Tuberculosis, Malaria, Typhoid, Dysentery etc. which are sapping the vitality of the nation. The Editors can approach charitable Dispensaries and Hospitals which have indoor wards, to get these clinical case reports provided they exert their little influence in the matter, and request the Heads of these institutions to send their interesting clinical case reports. They will be doing a great service to the cause of Ayurveda by collecting and putting to some useful purpose what is now being wasted. They will earn the gratitude of all the Ayurvedic practitioners for their service.

The last though not the least is the investigation of Ayurvedic drugs on scientific basis for which a great stress has been lately put both on the platform and in the press. It is indeed very hearty that the Beneras and Ahstanga Ayurvedic Colleges have established labaratories for the same, but alas it is perhaps years or two ago that these laboratories were established, their result of investigation are held still in the dark and the outside world is quite ignorant of their progress and research in the

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line. May I request the researchers in the field to print the result of their investigations in the columns of the Journnl of Ayurveda so that the outside public may quite benefit by their labours.

Let us move out of the old groove and make our Ayurveda the future medical system of India if at all we are earnest. Let us try to stand in competition with the rest of the world, and make Ayurveda free from the clutches of conservatism and imbibe the spirit of the modern west.

Reports of Societies etc.

—:o:—

THE FIFTH ANNUAL REPORT OF THE WORKING OF THE MUNICIPAL SIDDHA DISPENSARY, SHEVAPTE, SALEM, FOR THE PERIOD 1930—1931.

Address by K. R. Minakshisundaram, A. M. A. C., M. O. in-Charge.

Mr. President, Ladses and Gentlemen,

It is with great pleasure that I welcome you all on this rare occasion both on behalf of myself and the Muuicipal Council, Salem.

As you are all aware, five years have successfully elapsed since this dispensary was started and I will now place before you the report of the working of this dispensary during the period 1930-1931. But before I do so, permit me, Gentlemen, to say a few words about the 'Indian System of Medicine.'

Many works have been written in ancient times on the subject of Medicine of which only very few are available to us now; and of these the works of Charaka and Sushruta and the famous 18 Siddhars known as 'pathinan Siddhars' deserve much importance. The physician Charaka has dealt with various kinds of diseases for all of which he prescribes immensely valuable medicines. The Surgeon Sushruta describes in his work more than 100 kinds of Steel instruments used in Surgery which correspond to our modern instruments such as Scalpel, Bistouries, Lancets, etc. He says that these instruments should be so sharp as to cut even a hair. The preparation of Acids and Caustic Alkalies as well as their medicinal properties were not unknown to our ancient Siddhars. They have prescribed mercury and its compounds for various diseases at a time when the Europeans could not have dreamt of its therapeutic usage.

In Southern India there has been existing a system of medicine, the founders of which are Agusthiar, Bogar Pulippani, the 18 Siddhars and others, known as the Siddhic system of Medicine. These great Sages are authors of several great works on Medicine, Taxiolgy, Geology,

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Astronomy and various other subjects most of which are unfortunately lost to us. Of such works as are available only a very few have seen the light of day while others are in manuscript form in the possession of greedy or orthodox men who would prefer to consign them to the flowing waters of a river than hand them over to those who are anxious to get them printed. It will be of immense use to the public and the medical men in particular, if the Government takes up this matter into its hands and publishes these books, which are now on manuscript form.

It is beyond any doubt that these systems of medicine were largely in vogue in ancient times and that many kings were highly patronising them, establishing innumerable hospitals throughout their kingdom. Had it not been for their support these systems would not have survived the mighty onslaught of the Western System of Medicine. Those people who have been patronising the foreign system have come to realise that the medicines prescribed by our ancient Sages are not only more effective in curing diseases but also less expensive. The champions to-day of these Indigenous Systems are Dr. Lakshmipathi B.A., M. B. C. M., Bhishagratna, Captain Srinivasa Moorty B. A., B. L., M.B., C. M. & Late Rajah of Panagal and others through whose untiring and strenuous efforts the Government has been induced to establish in Madras a school known as the 'School of Indian Medicine' where training is given in the Ayurvedic, the Yunani and the Siddha Systems of Medicine, The Local bodies have helped in the rejuvination of these systems by establising here and there dispensaries in most of the districts in the Madras Presidency. But being handicapped by lack of necessary funds, these dispensaries are not in the flourishing condition that they ought to be ; provided with sufficient funds, however, these dispensaries will be able to get the proper medicines and medical appliances to meet the needs of the multitude of patients that flock to them and thus equal, if not supersede the Hospitals working under the Western system. I hope and trust that our benign Government will, before long, recognise this fact and financially help the local bodies in various districts in establishing such dispensaries. In our own town, it will be seen from the report, there are not enough funds to meet the needs of the patients who flock to our Dispensary in incraesing numbers.

Statistics :—Now I will read out to you the Statistics. The total number of patients treated this year is 69,102, of various castes and communities, male and female, including patients residing outside the Town. Of this number 28,553 were new patients. More than half the number of patients treated this year were women and children. The daily average works upto 195.

Finance :—The total expense incurred by the Municipality for the year under review is shown in the next page.

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	Rs.	As.	P.
Establishment	1649	4	2
Dispensary rent	300	0	0
Medicine	946	11	10
Furniture	57	13	0
Stationery	12	0	0
Total ...	2965	13	0

Therefore the average cost per head comes up to 6½ pies per head.

—o—

The Statistics of the Patients treated of Disease are as follows for the year 1930—1931.

Class of Disease.	Name of Disease.	Number treated
Infectious Diseases	Cholera	8
	Dysentery	480
	Enteric Fever	14
	Genorrhoea	410
	Kala Azar	Nil
	Leprosy	106
	Malaria	2440
	Plague	Nil
	Pneumonia	4
	Pyrexia of uncertain origin	2,018
	Rheumatic fever and Rheumatism	801
	Smallpox	Nil
	Syphilis	698
	Asthma	274
	All other infectious Diseases	884
Other General Diseases	Anaemia	150
	Diabetes	154
	Scurvy	230
	Menstral Disorders	501
	Leucoderma	78
Systematic Diseases	Diseases of the Nervous System	266
Systematic Diseases :—	Diseases of the Eye including sore Eye	1660
	" " Ear	872
	" " Nose	238
	" " Head	718
	" " Circulatory	203
	" Respiratory System	1,264
	excent Tubercle of lungs	604
	Dyspepsia	253
	Diarrhoea	

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Class of Disease.	Name of Disease.	Number treated
...	All other diseases of the Digestive system	4,180
...	All diseases of the Urinary system	88
	Diseases of the organs of the Locomotion	108
	All other diseases of the Skin	2,000
	All other diseases of the Generative system	266
Poisonous & Local	Snake bites	16
	Rat bites	126
	Dog bites including Hydrofobia	177
	All other bites of Animals and Insects	164
	Minor Surgical and Wounds	4,806
	Dental Extraction	770
	Grand Total	28,553

Last year, that is, in 1929-30 the average cost for treating each patient was 9½ pies. But in the year under report the cost per patient is only 6½ pies. It is because some of the Mediciness are made here. The cost can further be reduced if we are able to make all the Medicines here For this we require a herbarium. Secondly the number of patients that are treated are every day increasing and the staff is straining every nerve to meet their needs. It will be of immense help if an extra compounder is added to the staff of this dispansary. Since more than half of the people who come here are females, decency requires that a midwife should be appointed to look after their needs. I understand that the Government is going to help dispensaries established in rural parts only but I trust that help will be extended to dispensaries in towns—just like ours—as well to eradicate the urgent needs of these dispensaries I request our Municipal Council to approach the Government in this connection and I hope the Government will give a sympathetic consideration to the above porposals by giving financial help.

It gives me great pleasure to note that our representatives in the Madras Legislative Council are strongly advocating the introdution and establishment of these Indigenous Systems and I hope that they will spare no efforts in achieving their purpose. Our lecturer of this evening Dr. Syed Tajudin Sahib M. L. C. has placed the poor and the

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richer classes alike of our presidency under a deep debt of gratitude by his courageous stand for the spread of this effective and economic Ayurvedic, Yunani, and Siddhic Systems.

VISITORS AND THE VISITOR'S BOOK.

Among those who visited the dispensary during this period the names of Mr. Muthia Mudaliar B.A., B.L., M.L.C, ex-Minister to the Government of Madras, Khan Bahadur Mohamed Karimulla Faruki Sahib Bahadur B.A. Collector and District Magistrate Salem and Mr. J. S. Jagaraj B.A., B.L., Public Prosecutor and Vice-Chairmam to the Municipal Council, Salem, are worthy of mention.

Mr. Muthiah Mudaliar writes :—

I was very pleased to see this dispensary donig useful work. Wishing it further success

21-4-29. (Sd.) S. MUTHIAH MUDALIAR.

Khan Bhadur Mohamad Karimulla Sahib Bahadur writes :—I presided at the Second Annivesary of this Institution on 7-4-29 This dispensary appears to be very popular and its attendance register shows the people of the locality appreciate the treatment. The dispensing portion of the building is kept neat and clean and the Medical Officer in-Charge Dr. K. R. Minakshisundaram A. M., A. C., appears to be very enthusiastic in his work. I am inclined to think that the dispensary is doing useful work and wish it further success.

30-4-29. (Sd.) M. KARIMULLA.

Mr. J. S. Jagaraj writes :—

I visited the Siddha dispensary this morning. It appears to attract a very large number of the suffering population of the town who evidently appreciate the treatment that is given. I find that the accommodation is absolutely inadequate for its requirements particularly after the Kudam and Thavaram have been given away for the vaccination work. The numerous patients that attend can hardly find moving space. It is time that some arrangement is made for better accommodation.

(Sd.) T. S. Jagaraj,
2-1-31 Vice-Chairman, Salem.

THANKS :

Now to the last and pleasant portion of my report. My heartfelt thanks are due to the President of this evening, the Hon'ble Mr. P. T. Rajan, Minister to the Government of Madras, who in spite of his multifarious duties pressing upon his attention has shown great kindness in consenting to preside on this occasion, and also to the lecturer Dr. Syed Tajudin Sahib M. L. C. for his enlighting lecture. We deem it a

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great honour done to us by having their august presence as the President and the Lecturer of this humble function and I warmly hope that they will carry a pleasant memory of this our humble institution.

My thanks are due also to the Municipal Council Salem for the help it has rendered me in the management of this dispensary and the meritorious services it has rendered in the cause of reviving the Ayurvedic and Siddha Systems.

Next I have to thank those ladies and gentlement who have responded to my humble invitation and honoured me with their presence. Last but not least all those who helped to make this function the pleasant sucess that it is, deserve my thanks.

The Fifth Annual Report of

THE POLLACHI MUNICIPAL AYURVEDIC FKEE DISPENSARY, POLLACHI,

for the year ending 31st March 1931.

1. During the year under report 22,012 new patients suffering from various diseases attended the dispensary for treatment, of whom 20,392 were Hindus, 378 Adi-dravidas, 834 Muslims and 402 Christians.

2. It is hoped that the authorities will soon realise the necessity of having their own building for the purpose with a small compound where some of the rare and most useful herbs can be planted for immediate use in the dispensary.

3. The Attendance.—The total attendance during the year was 58,052; daily attendance of out-patients averaging 161. A statement showing the details of out-door patients that attended the dispensary and list of dieases treated for, are given below. A number of patients far off from outside municipal limits like Kottur, Negamam, Vettakranpudur etc., have also taken the advantage of the institution.

4. Cost of Treatment.—The cheapness of Ayurvedic treatment is quite evident from the facts and figures shown in the separate statement. The cost of treatment per head per day worked up to about 4 pies.

5. Number of minor operations performed by the doctor is 90.

6. Extracts from the visitors remarks. A few extracts from the visitors' book are given below for perusal,

(Sd.) P. S. ANANDANARAYANA SARMA,
Yaidya Visarada and M. I. M. A.,
Medical Officer In-Charge.

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Statement No. 1.

STATEMENT SHOWING THE DETAILS OF OUT-DOOR PATIENTS THAT ATTENDED

THE MUNICIPAL AYURVEDIC FREE DISPENSARY

During the year 1930-31.

Month.	Attendance.			Remarks.
	Adult men.	Femeles.	Children.	Highest No. treated in a single day.
April	2378	974	832	
May	2423	1198	879	
June	3266	1022	612	
July	3290	1438	747	
August	2756	1217	856	
September	2758	1406	885	
October	2706	1202	940	
November	2940	1274	1310	
December	2888	1240	835	
January	2570	1267	689	
February	2342	1323	708	
March	2965	1803	1113	
	33,282	15,364	10,406	

236 on 24th February 1931.

Attendance Total—59,052.

Total New patients—22,012.

Old patients— 37,040.

Grand Total— 59,052.

Cost of treatment per patient per day averaged 4 pies.

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Statement No. 2.

STATEMENT SHOWING THE DETAILS OF DISEASES TREATED IN THE MUNICIPAL AYURVEDIC DISPENSARY

During the year 1930—31.

No	Name of Diseases.	Total.
1	Cholera	5
2	Dysentery	200
3	Enteric fever	15
4	Gono-coccal infection	1000
5	Syphilis, primary and secondary	300
6	Kala-azar	...
7	Leprosy	1
8	Malaria	400
9	Plague	...
10	Influenza	100
11	Pneumonia	9
12	Relapsing fever	100
13	Pyrexia of uncertain origin	700
14	Rheumatic fever	10
15	Small-pox	5
16	Tuberculosis of the lungs	15
17	Other tubercular diseases	5
18	All other infective diseases	200
19	Anaemia	50
20	Diabetes	6
21	Scurvy	25
22	Rickets	10
23	Other diseases due to disorders of nutrition and metabolism	80
24	Bubo	50
25	New growths	3
26	Diseases of the nervous system	500
27	Diseases of the eye	500
28	Diseases of the ear	400
29	Diseases of the nose	490
30	Diseases of the circulatory system	15
31	All diseases of the respiratory system except pneumonia and tuberculosis of the lungs	800
32	Diseases of the stomach	300
33	Diseases of the intestines	300
34	Abscess of the liver	1
35	All other diseases of digestive system	200
36	Inflammation of the lymphatic glands	30
37	Acute and chronic nephritis	2
38	All other diseases of the urinary system	50
39	Other diseases of the generative system	250
40	Diseases of the organs of locomotion	300
41	Diseases of the areolar tissue	...
42	Indolent ulcers	100
43	Other diseases of the skin	500
44	All other local diseases	560
45	Injuries—general and local	850
46	Poisoning by opium	...
...	Poisoning by other means	20
47	Normal labour	5
...	Abnormal labour	...
48	All other general diseases	11900
	Total	22012

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Reviews and Notices of Drugs

—:o:—

A MEDICAL OPINION ON HEDAURIN AND CIROBIL.

After a series of trials, carried out during November, December 1930 and January 1931, in the Government Royapettah Hospital, Madras Dr. M. L. Kamath, B.A., M.D., writes :—

" I know it is very difficult in a civil hospital to gauge the efficacy of any drug in amœbic dysentery. As is well known, patients leave the hospital when the clinical condition improves, so there is no opportunity to hazard any opinion about complete cure, relapse and cyst formation etc.

"With these limitations, I would state the following :—Hedyotis Auricularia Extract, fifteen grains, three times a day, was tried in five cases of amœbic dysentery. In four cases, the clinical condition improved and the amœbae disappeared from the motions, in three cases, on the fourth day and in the fourth one, on the fifth day of the administration. Two of these cases remained in hospital for a further three days, one for a week and one, only for a day, without showing amœbae or cysts in the motions.

"One case did not respond to the treatment even when the extract was continued for nine days. The treatment was then changed to emetine hydrochloride, one grain injections and the third injection produced the disappearance of the amœbae.

"The drug was also tried in eleven cases of colitis in adult people having blood and mucus in the motions (but no amœdbae) and all the cases recovered, about six days being the average period for recovery. (No laxative was administered in any of the cases.)"

An extract from *Diseases of Infancy and Childhood,—Gleanings*, the University of Madras, Doctor Elizabeth Matthai Lectures, 1931, by Dr. M. L. Kamath, B.A., M.D. :—

LIVER ENLARGEMENTS

" Enlargements of the liver due to rickets, congenital syphilis and biliary cirrhosis and those associated with enlargement of the spleen are all well-known. I will refer here to two cases of enlargement of the liver which recently came under my notice and which, I believe, to be of intestinal origin.

(a) A marasmic male, deaf mute, aged 8 years, came with a history of fever on alternate days for a fortnight (treated with quinine) and swelling of face and limbs of eight days' duration and was admitted into the Royapettah Hospital on 24-1-1931. Father, a butler, stated that the patient had diarrhœa for two weeks following measles about a couple of years ago.

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On examination, the following were noted :—anæmia, oliguria, irregular bowels. Liver two inches below costal margin in the nipple line, slightly tender. No enlargement of the spleen or lymph nodes. No ova or amoeba in motions. Nothing abnormal with urine, except the quantity. Blood examination on 26-1-1931 : No malarial parasite or malarial changes : Red Blood cells 4,660,000 and white blood cells 7,500 per cmm. : Haemoglobin 41 per cent : Differential count of white blood cells gave polymorphonuclear 74·5 per cent., lymphocytes 20 per cent., large mononuclears 2·5 per cent., eosinophiles 2 per cent. and mast cells 1 per cent : Blood pressure 70/40 mm. Hg.

Oedema disappeared rapidly ; hydrargyrum cum creta administered for a fort-night did not produce any results. With the gray powder, one-quarter grain doses of emetine hydrochloride were given hypodermically for five days. Tenderness of the liver disappeared, size remaining the same.

As the child develoved multiple boils at this stage, it had a course of Stannoxyl by the mouth which did benefit to the boils, other things remaining as before.

During the above treatment, blood analysis on 19-2-1931 gave the following findings :—

Urea	24	mgms. per cent.
Cholesterol	333·3	„ „ „
Chlorides	520	„ „ „

Van den Berg (direct and indirect) Tests gave negative results.

Blood count on 25-2.1931 gave more or less the same results. Haemoglobin had gone up to 52 percent. On 27-2-1931, the child was put on confection of Hedyotis auricularia leaves—1½ drachms per day increased to 2 drachms per day. On 8-3-1931 liver just palpable, on 12-3-1931 it was not palpable. An examination on 5-3-1931 showed 28·5 mgms of urea and cholesterol 192·4. The confection was stopped on 15-3-1931. The liver is normal, but the chid is still marasmic. There is no dropsy. The child was removd on the 23rd March showing slight improvement in general condition.

(b) A Brahmin female child of 3 years 8 months (daughter of a medical man) with a history of occasional recurrent attacks of diarrhœa. had slight fever and icteroid tinge of the conjuntivæ on 8th February 1931. It was given a mixture containing mercuric and ammonium chlorides for about ten days.

When I saw the child on 18-2-1931, the liver was 2½ inches below the costal margin in the nipple-line. It was put on a mixture containing sodium salicylate and bicarbonate with a few drops of the solution of mercuric chloride till 26th February 1931 without any effect on the liver.

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Further, examination of the blood on 26th February 1931, elicited the following :—

Red Blood Cells	...	4,986,000 per c mm.
White Blood Cells	...	8.765 " "
Hæmoglobin	...	52%

Differntial count gave :—

Polymorphonuclears	...	42%
Lymphocytes	...	47%
Large mononuclear	...	4%
Eosinophiles	...	5%
Most cells	...	·2%

Blood analysis: Urea 22.5 mgms', Cholesterol 147 mgm., chlorides 480 mgms. and calcium 8 2 mgms per cent.

Urine did not show anything abnormal. Only a few fat globules seen in the motions.

Next day it was put on Confection of Hedyotis auricularia,—drachm and a half per day slowly increased to two drachms, On 9-3-1931, the liver was one inch below the costal margin and not palpable on 15-3-1931, The medicine was discontinued on the latter date. The child's general condition is in every way satisfactory.

An examination of the blood and its analysis on 13-3-1931 gave almost similar results as already narrated.

The Wassermann reaction and Van den Berg Tests were negative in both cases and the X-ray examination did not show rickety changes in the bones.

I opine that the cause of the enlarged liver in these two cases to be due to toxic absorption from the gut. Having recently found this drug, in the form of an extract of great value in colitis and of considerable benefit in amœbic dysentery, I ventured to try Hedyotis auricularia in these two cases where it has been successful.

Medical News & Notes

—:o:—

THE FIGHT AGAINST TUBERCULOSIS.

Mr. Greenwood Believes It can be won.

Mr. Arthur Greenwood, Minister of Health visited Black Notley, and opened the new Essex County Council Sanatorium.

There was no disease, he said, that interested him more, and the tragedies of which hurt him more, than that connected with tuberculosis. "We have now arrived at the the stage where we can conquer that dread disease. It is a matter on which we can take a certain amount

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of pleasure that since the war there has been a substantial decline in the death-rate from all forms of tuberculosis." Even last year—which was not too good a year, and not so good as 1928—the death-rate from tuberculosis was 44 per cent. less than in 1918, but still it was a dreadful thought that even now something like 36,000 people in England and Wales lost their lives from tuberculosis

"We cannot rest where we are. There is nothing sadder to-day, I think, than to see the tuberculous child, and I am glad to think that here you are making provision for various forms of treatment for the tuberculous child. It is a thought that makes one pause that among young women, tuberculosis has wreaked a larger measure of vengeance than among other members of the community. In Essex the incidence of mortality from tubercular disease among young women is higher than it ought to be, and it is, therefore, a matter for congratulation that the Council has thought it advisable to pay special attention to the provision for the needs of women."

Mr. Greenwood pointed out that tuberculosis was not a disease which could be cured merely by ordinary medical taeatment, but he was an optimist and believed that it would be possible to banish is as we had banished others which have been potent causes of death in this country. Dwelling on the need for after-care treatment he said it seemed a little shortsighted for money to be devoted to the creation of buildings and for treatment and maintenance and then when the people left the sanatoria for next to nothing to be done to watch over them. He hoped the necessary steps would be taken.

HEALTH IN ALMONDS

To the Home Page Editor.

SIR,—By a happy coincidence a striking confirmation of my recommendation of blanched almonds as a food and at the same time a preventive of constipation is contained in a recent article written by three American women doctors in a journal of biological chemistry.

Curiously enough, another American woman doctor has also lately written a book on family feeding, and refers particularly to nuts in the dietary.

This is the position as it is known to-day regarding the value of nuts generally as a food, and particularly nuts containing oil.

Nuts are not suitable for the dietary of little children, because they require a considerable amount of masticaion, and also they are somewhat slowly digested.

In grown-ups there can be no question of the value of nuts as a food, as regards almonds this is especially so.

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Almonds contain proteins and fats and carbo-hydrates. These are all essential properties of food, and are usually obtained by means of a mixed diet.

After digestion, almonds leave a bulky residue rich in oil. An ideal production for the constipated.

Almonds are also very useful as an article of diet in diabetes. One of the constituents—carbohydrates—is sparingly taken up by the body and it is this constituent which has to be carefully regulated in the diet of any diabetic. Consequently, the hunger caused by a restricted diet, and possibly insulin, can be assuaged by almonds with relative safety.

Almonds, or any nuts, require a good deal of mastication. If the condition of one's mouth makes this impossible, it must not be forgotten that almonds can be ground to a paste.

THE HOME PAGE DOCTOR.

PREVENTION OF HAY FEVER

The modern medical view of hay fever is that it can be prevented by inoculations of pollen. The pollen of flowering plants and grasses is everywhere in the air in the cities, and to many people it brings about irritation of the lining membrane of the nose, lining membrane of the eyes, and throat which causes the distressing complaint known as hay fever. It is said that the system can be made immune from attack by inoculations of pollen of increasing strength but this precaution has to be taken in hand well before the hay-making season. It is not realised by people who are not susceptible to hay fever what a great affliction it can be.

NEURALGIA

By the Home Page Doctor.

I suppose that very few have escaped the torture of "faceache" at some period of their existence. The constant pain can at times get positively maddening and even in its mildest forms provides a source of exasperation and bad temper.

Consult Your Doctor.

Yet it is a peculiar fact that only after much suffering does the unfortunate victim of neuralgia consult a doctor about it. Why this should be so I cannot say. One should have thought that a bad pain would drive a sufferer to his doctor in double quick time, and so it does if it happens to be situated anywhere else but in the face or head. But

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here—no! It may be that pains in this situation are so common that one becomes fatalistic about them and carries on with homely remedies and hopes for the best. That is the most likely explanation, though it does not sound either a convincing or a rational one.

It is unfortunate that this should be so, for quite often the doctor can do a great deal to alleviate neuralgia. But that is not the extent of his responsibility. The cause must be found. Sometimes this is easily done. At others it proves to be a most difficult task.

There is one type of facial pain which is recognised as being due to one particular nerve. It is constant and agonising. Its treatment is distinctly a specialist's affair, and is quite outside a medical work.

But there are other types of neuralgia which are very amenable to treatment if tackled in the right way.

Causes of Pain.

Take a very common example. A patient may complain of a severe pain of the forehead just over one of the eyes. The knowledgeable physician will look for a bad tooth or teeth at the back of the lower jaw on that side. That, of course, would never strike the layman as a possible cause of his pain, but the treatment of the tooth or its extraction will convince him.

In all cases of facial or head pains the conditon of the teeth must first be observed.

Defective vision is another cause of neuralgic pains of the head.

Pains down one jaw and perhaps the neck as well may be caused by an accumulation of wax in the ear.

The treatment of these conditions presents no difficulties.

About the middle of the bony ridge above the eyes is a little notch which can be felt with the tip of the finger. Through this comes a tiny nerve which is liable to cause trouble in the way of pain, often because it "catches cold." Applications of heat in some form or another soothe this pain very quickly, and, if persevered with, will cure it.

The Aspirin Habit.

I know quite well that it is in these cases of headache or facial nouralgia that self-medication is most often resorted to. This self-treatment usually takes the form of doses of aspirin.

I have nothing to say against occational moderate doses of aspirin. On the contrary, I know that they often relieve pain to quite a considerable extent. But the continual taking of aspirin cannot fail to have a bad effect on the general health of those who take it. Besides, what is the good of taking a drug which only gives temporary relief? Let an expert find *the cause* of your pain, and its treatment nine times out of ten is a comparatively simple matter.

———

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DOCTOR REMOVES AN APPENDIX—
And is Fined for "Assault"!

Dr. Ernest Nirsche, of Nuremberg, while performing an operation on a young woman, decided in the midst of his task that it was desirable at the same time to remove the appendix.

The woman was highly indignant when she learned what had been done without her consent.

She instituted proceedings, and the surgeon has now been fined £50, with the alternative of 20 days' imprisonment.

An expert declared the removal of the appendix was indicated, but was not absolutely necessary. So the court ruled that the doctor had been guilty of a technical "assault."

This decision is adversely commented upon, because of the obvious impossibility of a surgeon stopping in the middle of a serious operation to ask the patient how much farther he may proceed.—Exchange.

NATIONAL MEDICAL SERVICE

The council of the British Medical Association, in their annual report, have formulated proposals for setting up a national medical service. Curative medical assistance is provided for only a portion of the population by the Health Insurance Acts, and the council have in mind a wider State organised system of medical service on a truly national basis.

The scheme proposed by the council calls for the extension of contributory Health insurance, compulsorily and where people are too poor to pay contributions it is proposed that they should be paid by local authorities through their Public Assistance Committees. The benefits would include a specialist service, both for consultations and treatment, dental services, a service of visiting nurses and a pharmaceutical service for drugs, medicines and appliances. The council does not attempt to estimate the cost of carrying out the scheme nor is the machinery to give effect to it worked out in detail.

It appears also to be realised by the council that difficulties about funds may prevent its development for some years. The idea follows on the lines of various projects of medical insurance which have been put forward from time to time. Lord Dawson of Penn, the King's physician, had a plan a short time ago for the provision of medical, surgical and dental services for the uninsured population, but none of these schemes on a voluntary basis have found much favour with the public.

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A Medical Clash.

The profession of painting is not the only calling in which bitter controversy arises between the academician and the aspirant, between the pundit and the progressive. The medical profession is also torn between its classics and its romantics.

Nowhere is this struggle more apparent at the present moment than in the branch of medicine which deals with tropical diseases. The academicians say that the causes of tropical disease have now been discovered, and that all future funds should be devoted to curative treatment.

The progressives, on the other hand, claim that when once science comes to rest upon her laurels these laurels begin to fade. They clamour for increased funds for research.

Business Fights Disease.

Fortunately, however, the progressives assisted in their efforts by the great business concerns whose operations oblige them to take a very practical interest in the combatting of tropical disease. The Americans, in this field, have been more active than we have ourselves.

I hear, however, that a large British syndicate, recently for the purpose of developing transport in Mexico, have appointed an American specialist in tropical diseases to assist them on the spot, and have also engaged a British expert to advise them in London.

Millions of Lives Saved.

It is not generally recognised what vast progress has been made in the treatment of tropical diseases during the last thirty years. Yellow fever, plague, malaria, blackwater fever, relapsing fevers, sleeping sickness, and even leprosy, are now regarded as both preventible and curable. And millions of lives have been saved.

Nor is such research into the causes and origins of tropical diseases inapplicable to our needs at home. Through research work in non-English maladies the discovery has been made, or rather the theory advanced, that both the house fly and the mosquito dislike yellow shades.

Yellow Larders.

The windows of our larders, if this discovery is verified, will in future be paned in yellow glass, and their walls distempered in smooth ochre. The common house fly, it appears, has a passion for whitewash; thus, if your wash is yellow the house fly will migrate elsewhere.

Equally if you wear yellow stokings you will become immune from mosquitoes and their poor relations, the midget and the gnat. History has recorded no instance of a mosquito attacking a student of Christ's Hospital. At least, I have never read of such an incident in history.

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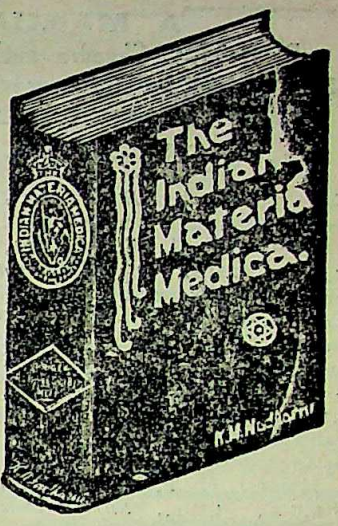
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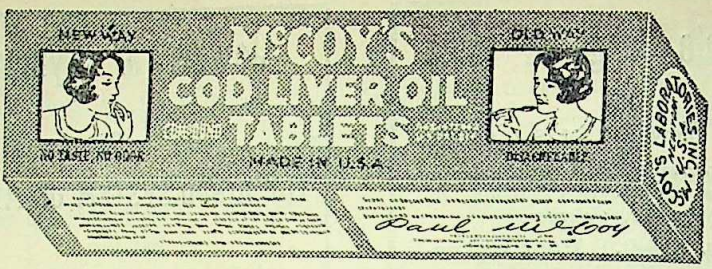
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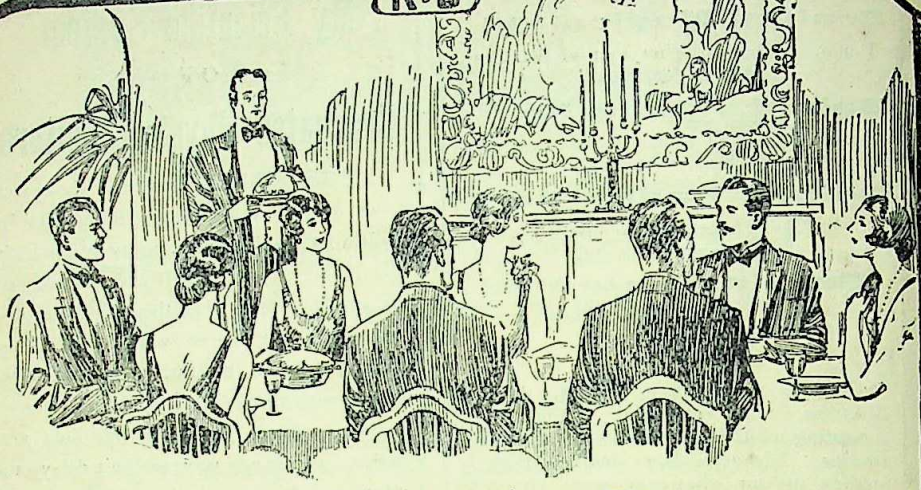
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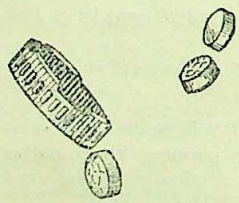
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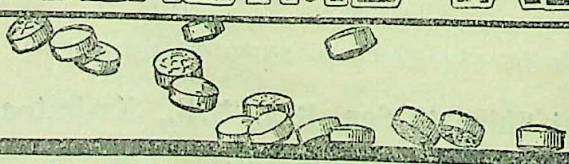
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THE JOURNAL OF AYURVEDA

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Health for Everybody

Health is for everybody. It is never true that some possess health through luck and it has been denied to others by a partial Providence. One's own efforts and what his parents contribute towards his health are almost everything with the health of the individual. That parents' sins descend upon their children is no where proved with greater force than in the matter of health. To be well born and have healthy parents are the foundation stones in the masonry of health.

Weak parents make weak babes. Weak babes make weak persons. But by care and perseverence the defects inherited from parents, when not permanent or incurable, can be overcome with time. There are many persons, who have resisted luck with fortitude and have belied their inheritance in this respect.

Normally, health is for all and sickness is exception. Inspite of the fact that sickess is so prevalent, yet health is the rightful possession of man. There are persons who have never been ill during a lifetime. Every person knows by experience that he can avoid illness by proper care, and fall a victim to a disease by ignoring the safeguards that protect him from illness.

That health is for the rich and sickness for the poor is a very common saying. Only an infinitesimal part of this notion is true. Where poverty interferes with proper food, clothing, shelter and rest, it is certainly a cause of disease ; otherwise, the rich is as prone or rather more prone than as the poor to a disease. Everything that counts is the art of living healthy and sound. One who

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knows how to ward off disease, how to derive strength and energy even from his daily duties knows also to overcome many of the limitations that stand against his normal growth.

Persons suffering continually from some sort of disease think that the healthy as a rule have to perform extraordinary feats to gain and maintain health. Rather the contrary is true. No doubt that athletes and competitors do something extraordinary to preserve health and fame, but for common people it is neither necessary nor advisable to do anything of that nature. It is sufficient and convenient for them to do simple things in the right manner.

Ordinarily diseases are not the outcome of any one great cause, it is often the accumulation of minor faults of omission and commission in respect of the rules of health. The transgressions that are daily and hourly made combine themselves and make us generally poor in health. Chronic diseases are generally the results of such small illnesses of long standing. It is then the one great cause of trouble to which others might be added by further indiscretions.

We cannot be uneasy today and from day to day and wait for health till some future favourable time. It has been truly said that "*To have the health for the year, and from year to year, it is only necessary to have it day by day.*" It may be and it often is, that when the effects of one malady are disappearing, some newer troubles mainfest themselves and the impaired condition of health persists.

What gives health also generates disease. The difference lies in the manner we make use of it. It is the habit that we pursue in the performance of our daily work which is the real cause of health or disease. There is no body on earth, and cannot be any, who has not a set of habits which makes matters smooth for him. But for habits, it would have been difficult for anybody to

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perform even a part of the work which he performs in a day. One must remember that the way in which we put our food into the mouth is also the outcome of a long habit. The food does not touch any part of the face even in total darkness.

When this is so, there is no reason why we shall not form such habis as would be only conducive to health. It is discrimination in forming habits and judicious elimination of those which are injurious that are the main factors in keeping one hale and hearty. Wrong habits will lead nowhere but to disease. In the very minutest details of our movements, we can follow such procedure as would ultimately reflect on health beneficially. We can make a routine and follow it scrupulously which would help us in building up our health, What action is there in our life which is not closely associated with health? In eating, sleeping, walking, sitting, breathing, talking; in posture, in recreation, in games and exercises, there is both health and disease. In hygeine and sanitation and personal cleanliness, in the arrangements for disposal of sewage, in the furnishing of sleeping apartments and of the kitchen, both health and disease are struggling to gain ascendency. A systematic and regular habit, which helps the growth of health in the individual and the family, fights the disease and disease germs and prevents their entrance into the body and the homes. It is not sufficient if measures are taken which go only the half way; in matters of health only the right methods, habits which allow no room for encouraging illness, are to be adopted.

We can sow the seeds of health and nurture the plant properly if there is no flaw in the habits that we pursue. Taking of meals at a fixed time is good, because our habits will be so formed that we shall feel hungry at that time and digestion will work out its function well. But if we also form the habit of taking our meals in a hurried

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manner, without proper mastication, the beneficial effects of the former will be more than counterbalanced by the latter. Things done *any way* is another name for doing it in the *wrong way*

It is not at all difficult to form such habits that will give health and nothing else. The thing needed is attention. Wherever anything is done haphazardly that gives loophole for the development of wrong habit. Those should be detected and suppressed at once. In all matters relating to health, promptness should be the watchword ; dilatorineas in the performance of a work that should be done immediately will never allow a habit of the right type to be formed. Systematic delay in the removal of refuse from the house will not only teach procrastination in every matter, but will also help the growth of germs in the house.

In every matter, the inmates of the house must bear in mind that their should be the ideal homstead where illness is absent. Habit will choose its own course. The best time is childhood and children ought to be trained in health habits. If every action of theirs can be translated in the terms of health intelligible to them, it is an easy task to covert them to our own religion, the religion of health. At such a time not only the mind is trained, but alongside with it the physical state takes the right mould.

It is wrong to accuse Providence for our ill health ; it is useless to run to the dispensary or to the doctor for advice. Patent medicines and change of climate will be of no avail if our habits are wrong. We must look unto ourselves for our well being. We must train ourselves in a way that our habits are never wrong.

With proper care and attention, with a will to be never ill, with a set of habits that fosters health and with an environment that breathes health,—health is for everybody.—*"Health and Happiness."*

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Original Articles

AYURVEDIC THERAPEUTICS

OR

THE THEORY OF RASA, BIPAKA, VEERYA & PRAVABA

BY

VAIDYABHUSANA PURUSOTTAM SASTRI HIRELEKER,

AMRAOTI.

(Continued from our last issue)

Relative Gradation and action of Rasa, Vipaka, Veerya and Prabhava

After having read the description of Rasa, Vipaka, Veerya and Prabhava, a natural doubt is apt to arise. The action of Rasa (taste) takes place before the stage of Vipaka and it has no concern afterwads ; Vipaka finishes its action before Veerya begins, and Veerya is marred by Prabhava. Texts also corroborate this :—

रसं विपाकस्तौ वीर्य्यं प्रभावस्तान्व्यपोहति। (चरक ; अ, ह)

It is also said that every substance effects some of its action through Rasa, some through Vipaka, some through Veerya and some through Prabhava :—

किंचिद्रसेन कुरुते कर्म पाकेन चापरम्।
गुणांतरेण वीर्येण प्रभावेणैव किंचन ॥ १ ॥ (चरक, अ. ह.)

If these two quotations are, therefore, taken into consideration, Rasa, Vipaka, Veerya and Prabhava do not seem to support but neutralize the actions of each other, and if this be so, how can their delineation be helpful to the understanding of properties ? But this does not mean that Rasa, Vipaka, etc. in one substance destroy each other completely. But it must be taken to be that the second is more powerful than the first and so on with the subsequent, and the same is quite right. Because, Vipaka is more lasting than Rasa, and the same is more effective upon the body. The province of Rasa is from mouth to intestines. Veerya is more active than Vipaka, as the action effected is neither by

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Rasa nor by Vipaka but by Veerya, and Probhava is altogether independent, or the same is the powerful property. This description is, therefore, to suggest their importance in this way. The meaning of the other quotation *viz*, "some action of a substance is effected by Rasa, some by Vipaka, etc.," if taken as the limited local action, it will be absurd. From the mouth to the stomach and small intestines, whole Rasa and blood Dhatus, and the particular place, are the limitations of the provinces of Rasa, Vipaka, Veerya and Probhava respectively. It only means that their actions in these parts are few. But this is not sufficient for the knowledge of Rasa, etc. Every action is effected by all the four—Rasa, Vipaka, Veerya and Probhava, *i.e.* for the bringing up of any action, all these four are essential. If any action is observed by these four means, then alone can a proper idea of the action be formed. Such a wide meaning is contained in this quotation.

For instance, the Rasa (taste) of long pepper (Pippali) is pungent, so it helps to infer its dejecting and oozing action in the mouth. But the same being of sweet Vipaka, after the oozing is stopped, instead of causing excitation of the mouth or any destructive action, the effect of the Sweet Rasa will take place. Any substance is digested with all its parts in the intestines, but some of its parts that touches the mouth etc. is digested by the local power of digestion or the digestive bile In the Dhatus. That is to say, even though chiefly the effect of Rasa is to be seen on the tongue, there would also be in accordance with the sweet Vipaka and hot Veerya the lasting effect. For instance, the same Pippali, though changed into sweetness in Vipaka, and, consequently no cauterization is possible in the intestines, but this sweetness is not an independent one. It is associated originally with the pungent Rasa and hot Veerya, and, therefore, if it is taken in larger quantity than what is required for the stimulant or digestive actions, there will certainly be cauterization and excitation. So that here also the chief action is effected of Vipaka, but not without Rasa and Veerya. From its hot Veerya, hotness is increased, circulation is helped, obstruction of the spaces is removed ; but due to the sweet Vipaka, there is no cauterization nor any destructive action of the pungent Rasa and so Pippali becomes Rasayana or the elixir of life. Probhava, it is true, is a quality manifested in a particular province, but the form of those properties is to be

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determined by Rasa, Vipaka and Veerya. If the similarity of Pippali is to be taken into consideration with the body, its fruit being brought into use (root is not, for the present, under consideration), its tumorous seedy construction bears similarity with the liver, spleen and tumours bearing the liquid bile, and the effect of Pippali is experienced on liver, spleen (especially on spleen) and the digestive organs. It is described as प्लीहाभये पिप्पली। (अ ह.) (*i.e.* Pippali is the best among the medicines in the dieseases of the spleen). But having ascertained the source of the properties of Pippali, its method of working must be understood. Otherwise, if it is not ascertained as to in what way it is to be used, mere knowledge of its usefulness on the spleen is as good as not known at all. Pippali is hot by Veerya and its original Rasa is pungent, so its effect upon the spleen, etc. will be of hotness and dejection or oozing, so that it will be useful to remove the spoiled bile from the spleen, liver, etc., and will be helpful to let flow in necessary proportion the digestive bile in these parts, and will thus cure the diseases caused from the spoiled bile and indigestion. At the same time, while this oozing and hot action is going on, instead of cauterization, due to its sweet Vipaka, it becomes a tonic of those parts. For the ascertainment of its Prabhava, the knowledge of Rasa, Vipaka and Veerya is essential. That is to say, the explanation of every action can be found in these four conditions of the substance, and this is exactly why at the time of recognizing each of its properties, knowledge of Rasa, Vipaka, Veerya and Prabhava is quite essential.

The employment of these Rasa, Vipaka, Veerya and Prabhava in the Ayurvedic Therapeutics has brought it a certain brevity, and without prolixity it could mange to indicate properties of subtances very clearly. But every property must be tested on the touchstone of the above four (Rasa, etc.). In any science, prolixity is possible and unavoidable in the course of discussion and debates but after having ascertained the guiding principle with the help of conjectures and experiences, it receives aphoristic form as an established dogma. The knowledge of Rasa, Veerya, etc. is in this way a terse demeanour of the infinite properties of innumerable substances with the help of a guiding principle. One who wants to ascertain the properties must make the practical determination with the help of the reasoning followed in the terse aphorism of the description of properties and the infinity that is

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arrived at in respect of each substance. Just as, there being infinity of the parts of the body (शरीरावयवास्तुपरमाणुसंदोनापरिसंख्येया भवन्ति। चरकः), they are brought into a limited trineal classification of Doshas, Dhatus and Malas (दोषधातुमलमूलं हि शरीरम्,—सु. सू.), so also the compounds of the Rasas in substances are also innumerable :—

ते रसानुरंसतो रसभेदास्तारतम्यपरिकल्पनया च।
संभवन्ति गणनां समतीता दोषभेषजवशादुपयोज्याः॥ १॥ (अ. हृ. सू.)

(*i.e.*, the subdivisions of Rasas will be according to Rasas and Anurasas—innumerable ; they should be brought into use in accordance with the Dosha and the medicine). But only six Rasas are clearly perceptible by the organ of taste, only three Vipakas of them, even though Rasas are digested in the disgestive organs in various manners, two-fold or eight-fold Veerya clearly perceptible in the body, and many sorts of powerful actions effecting on particular parts of the body ; such has been followed as the order, from which the description of qualities of substances made in brief become very easily understandable.

Only a gross knowledge of three Doshas is not sufficient to realize the actions in their deformed state. So Doshas, their parts, compounds of them, gradation, and their natural local action and then parlicular disorder—all these things are required for their realization. So also in the knowledge of these Rasa, Vipaka, etc., gradation of all, relative importance and unimportance, and the local powerful action—all these things together taken into consideration will help to understand the properties. Otherwise, for want of the determinative gradation of all the given properties, the common will receive importance and the important will be neglected so as to happen as—

यथा विषं यथा शस्त्रं यथाऽग्निरशनिर्यथा।
तथौषधमविज्ञातं विज्ञातममृतं यथा॥ १॥ (चरकः)

which is said in this quotation from Charaka

To achieve the goal of the medical science which is treatment, two kinds of knowledge are essential, *viz.* the order and arrangement of the bodily working (the knowledge of Anatomy and Physiology), and the other, clear understanding of the substances to be used in treatment (Therapeutics). The reasoning and theory followed by Ayurveda has been delineated in the writer's first compilation (Marathi book "Treatise on the Fundamental Principles of Ayurveda or Tridoshas" published five years ago). In this second compilation, the subject has

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been delineated by authorised works on Ayurveda. The information given therein may not be simple so as to be easily understood, but there is no help. It will not, of course, be difficult for those who study this subject or who desire to know it. This compilation is to delineate Therapeutics, and it is only the consideration herein as to what general reasoning is followed by the Ayurvedists as its basis. I cannot give the description of the properties of substances, as it is altogether beyond its scope. This compilation, I hope, will remove the complications appearing in the texts at the first sight, if properties are read with its help.

SUMMARY.

The subject-matter of this compilation is given here in a collective form so as to enable the reader to understand the oder :—

1. Substance—
   Each and every substance created—Infinite varieties.
2. The original components—
   The five main elements—Earth, Water, Fire, Wind and Ether.
3. Elemental qualities of substances—
   Eight chiefly :—
   - (i) Cold, (ii) Phlegmatic } —Abundant in water.
   - (iii) Greasiness —Earth and Water.
   - (iv) Softness —Abundant in Ether & Water.
   - (v) Dreariness — „ „ Wind
   - (vi) Clearness — „ „ Earth and Wind
   - (vii) Violent, (viii) Hot } —Fire
4. Main Divisions of various substances :—
   (a) Five according to five elements :—
   (i) Earthen, (ii) Watery, (iii) Firy, (iv) Windy and (v) Ethereal.
   (b) Six according to the Rasas :—
   (i) Sweet Substances
   (ii) Sour „
   (iii) Salt „
   (iv) Bitter „
   (v) Pungent „
   (vi) Astringent „

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(c) Three divisions according to Vipaka :—
  (i) Sweet Vipaka
  (ii) Sour ,,
  (iii) Pungent ,,

(d) Two in accordance with Veerya :—
  (i) Hot Veerya
  (ii) Cold ,,

(e) Eight in accordance with the subdivisions of Veerya :—
  (i) Hot Veerya
  (ii) Violent ,,
  (iii) Light ,,
  (iv) Dreary ,,
  (v) Cold ,,
  (vi) Heavy ,,
  (vii) Greesy ,,
  (viii) Soft ,,

(f) Three from actions :—
  (i) Appeasing Substances
  (ii) Irritating ,,
  (iii) Wholesome ,, to the Healthy.

(g) Infinite from qualities, actions and moulds.

5. Common mould of the elemental substances :—

(a) *Earthen* :—Substance is heavy, bulky, steady, full of smell, causing heaviness, bulk, full of combination and accumulation.

(b) *Watery* :—Substance Liquid, cold, flowing (laxative), greesy, slow, thick, abundant of water and causes greesiness, ooziness, gladdens and causes tightness.

(c) *Fiery* :—Substance is dreary, violent, hot, clear. piercing, full of the form of colour and causes cauterization, vitality, colour, light (sight) and digestion:

(d) *Windy* :—Substance is dreary, clear, light, abundant in the quality of words and causes lightness and hollowness.

6. Common properties of substances from Rasa :

(a) *Madhura* (*Sweet*) :—Substance is gladdening, cold in Veerya, greesy, it increases Dhatus, Kapha, and destroys Vata and Pitta, increases strength, and cleans the organs of senses.

(b) *Amla* (*Sour*) :—Substance is cold by touch, cauterizing, hot by Veerya, it produces Pitta, is stimulant, digestive, produces Kapha and destroys Vata.

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(c) *Lavana* (*Salt*) :—Is oozing, cauterizing, it produces Kapha and Pitta, is digestive, purifier and hot.

(d) *Bitter* (*Tikta*) :—Substance is stimulant, digestive, purifier, it destroys Pitta and Kapha, produces Vata and wastage of the Dhatus,

(e) *Pungent (Katu)* :—Substance is stimulant, digestive, purifier, hot, violent, dejecting, oozing, cauterizing, it destroys Kapha, produces Pitta and Vata, and causes wastage of the Dhatus and strength.

(f) *Astringent* (*Kashaya*) :—Substance is constipating, pressing, restraining, is purifying, attenuating, destroys Kapha and Pitta, produces Vata, clears off the moist discharge, and is cold by Veerya.

7. Relation of Rasas with the Five Elements :—

(a) Madhura — Earth and Water
(b) Sour — Earth and Fire
(c) Salt — Water and Fire
(d) Bitter — Ether and Wind
(e) Pungent — Fire and Wind
(f) Astringent — Earth and Wind.

8. Production or Destruction by Rasas and Doshas :—

(a) *Sweet*—producing Kapha, destroying Vata and Pitta
(b) *Sour*— ,, Pitta & Kapha, destroying Vata
(c) *Salt*— ,, Kapha and Pitta ,, Vata
(d) *Bitter*— ,, Vata ,, Kapha and Pitta.
(e) *Pungent*— ,, Vata and Pitta ,, Kapha
(f) *Astringent*— ,, Vata ,, Kapha and Pitta

9. Rasas and Vipakas :—

(a) Sweet and Salt — Vipaka Sweet
(b) Sour — ,, Sour
(c) Bitter, Pungent and Astringent— ,, Pungent.

10. Rasa and Veerya :—

(1) Sweet, Bitter and Astrigent—Cold
(2) Sour, Salt and Pungent —Hot.

11. Subdivisions of Rasa and Veerya :—

(1) *Sweet* —Greesy, cold, heavy and soft.
(2) *Sour* —Hot, greesy, light and violent.
(3) *Salt* —Hot, greesy, violent and light.
(4) *Bitter* —Cold, light, dreary and soft.
(5) *Pungent* —Hot, Violent, light and dreary.
(6) *Astringent* —Cold, heavy, dreary and slow.

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12. General actions of Cold and Hot Veerya :—

(1) *Hot Veerya* :—Occasions giddiness, thirst, exhaustion, sweat, cauterization, digestion and destruction of Vata and Kapha.

(2) *Cold Veerya* :—Produces liveliness, restraint, clearness in blood and Pitta and gladness.

13. Special Properties of Rasas :—

Bitter, Pungent and Astringent are more and more constipating and dreary. Salt, Sour and sweet are more and more laxative and greesy.

14. What is Rasa :—

The minute portion of the five elements in liquid form in a substance as perceived by the tongue. It is of six kinds.

15. What is Vipaka :—

The form of Rasa produced or lasting with the association of the intestinal bile. Three kinds.

16. What is Veerya :—

The power of the property of Rasa assimilated with blood after it is produced from the consecration of digestion. Two kinds.

17. What is Prabhava :—

The action of the substance specially effective on a particular part of the body. Infinite and incomprehensible varieties.

18. What is the most Prabhavi :—

Rasa, Vipaka, Veerya and Prabhava are more and more powerful.

19. Prabhava is the superior to all and it is the most effective.

20. The minute knowledge from the delineation of Rasa, Vipaka and Veerya is determinative of Prabhava which is in the form of special properties.

TYPICAL AND AUTHORISED QUOTATIONS FROM TEXT TO BE REMEMBERED FOR THE KNOWLEDGE OF THERAPEUTICS.

आदर्श वाक्यानि ।

(१) यथा विषं यथा शस्त्रं यथाऽग्निरशनिर्यथा ।
तथौषधमविज्ञातं विज्ञातममृतं यथा ॥ १ ॥ (चरक सू. अ ७-१२३)

(२) तस्मान्न भिषजा युक्तं युक्तिवाह्यं न भेषजम् ।
धीमता किंचिदादेयं जीवितारोग्यकांक्षिणा ॥ (च. सू. अ. १-१२९)

(३) "विज्ञानमौषधीनाम्" । "शास्त्रसहितस्तर्कः साधनानाम् ।"
(च. सू. अ. २५-४०)

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(४) द्रव्यमेव रसादीनां श्रेष्ठं ते हि तदाश्रयाः।
पंचभूतात्मकं तत्तु क्ष्मादिष्ठाय जायते ॥ १ ॥
अंबुग्नेय्यग्निपवन नभसां समवायतः।
तन्निवृत्तिर्विशेषस्य व्यपदेशस्तु भूयसा ॥ २ ॥
तस्मान्नैकरसं द्रव्यं भूतसंघातसंभवात् ॥ (अ. हृ. सू. अ. ९)

(५) द्रव्यभक्षणं तु क्रियागुणवत्समवायि कारणमिति। (सु. सू. अ. ४०-१०)

(६) पाको नास्ति विना वीर्याद्वीर्यं नास्ति विना रसात्।
रसो नास्ति विना द्रव्याद्द्रव्यं श्रेष्ठमतः स्मृतम् ॥ (")

(७) भूतेजो वारिजद्रव्यैः शामं याति समीरणः।
भूम्यंबु वायुजैः पित्तं क्षिप्रमाप्नोति निर्वृत्तिम् ॥
खतेजोऽनिलजैः श्लेष्मा शममेति शरीरिणाम्।
वियत्पवनजाताभ्यां वृद्धिमाप्नोति मारुतः ॥
आग्नेयमेव यद्द्रव्यं तेन पित्तमुदीर्यते।
वसुधाजलजाताभ्यां बलासः परिवर्धते ॥ (सु. सू. अ. ४०-७, ८, ९)

(८) तत्र य इमे गुणा वीर्यसंज्ञकाः शीतोष्णास्निग्धरूक्ष
मृदुतीक्ष्ण पिच्छिलविशदास्तेषां तीक्ष्णोष्णावाग्नेयौ, शीत-
पिच्छिलावंबुगुणभूयिष्ठौ, पृथिव्यंबुगुणभूयिष्ठः स्नेहः,
तोयाकाशगुणभूयिष्ठं मृदुत्वं, वायुगुणभूयिष्ठं रौक्ष्यं,
क्षितिसमीरगुणभूयिष्ठं वैशद्यं ॥ (सु. सू. अ. ४१)

(९) उष्णस्निग्धौ वातघ्नौ, शीतमृदुपिच्छिलाः पित्तघ्नाः,
तीक्ष्णरूक्षविशदा श्लेष्मघ्नाः, गुरुपाको वातपित्तघ्नः,
लघुपाकः श्लेष्मघ्नः। (सु. सू. अ. ४१)

(१०) गुणा य उक्ता द्रव्येषु शरीरेष्वपि ते तथा।
स्थानवृद्धि क्षयास्तस्माद्देहिनां द्रव्यहेतुकाः। (सु. सू. अ. ४१)

(११) क्ष्मांभोऽग्नि क्ष्मांबुतेजः खवान्वग्न्यनिलगोऽनिलाः।
द्वयोल्बणैः क्रमाद्भूतैर्मधुरादि रसोद्भवः ॥ (अ. हृ. सू. अ. ११-१)

(१२) तेषां विद्याद्रसं स्वादुं यो वक्त्रमनुलिंपति।
आस्वाद्यमानो देहस्य ह्लादनोऽक्षप्रसादनः ॥
प्रायः पिपीलिकादीनामसृक् चालयते सुखम्।
हर्षणो रोमदंता नामक्षिभ्रुवनिकोचनः ॥
लवणः स्यंदयत्यास्यं कपोलगलदाहकृत्।
तिक्तो विशदयत्यास्यं रसनं प्रतिहंति च ॥
उद्वेजयति जिह्वाग्रं कुर्वन्निरुचिमं कटुः।
कषायो जक्ष्मेज्जिह्वां कंठस्रोतोविबंधकृत् ॥
स्तंभयत्यचिरात्सास्यं कपोलौ दहतीव च। (अ. हृ. सू. अ. १०)

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(१३) रसकार्याणि—अ. हृ. सू. स्था अ १० श्लो. ८-२२, सुश्रुत सू स्था. अ. ४२ अनुक्रम २१-३६ ; चरक सू. स्था अ. २६ अनु. ४०-४५.

(१४) तत्र व्यक्तो रसः स्मृतः। (अ. हृ. सू. अ. ९-३)

रसो निपाते द्रव्याणाम्। (चरक सू. अ. २६-७८)

रसेन ह्यनुमीयते द्रव्यं यथा मधुमिति। (सुश्रुत सू. अ. ४०-१७)

(१५) जाठरेणाग्निना योगाद्यदुदेति रसांतरम्।

रसानां परिणामान्ते स विपाक इति स्मृतः॥ (अ. हृ. सू. अ. ८-२०)

(१६) वीर्यं तच्च यत्तेन या क्रियते क्रिया। (अ. हृ. सू. अ. ९-१७)

येन कुर्वन्ति तद्वीर्यम्। (चरक सू. अ. २५-२८)

उष्णं शीतं द्वियैवान्ये वीर्यमाचक्षतेऽपि च। (अ. हृ. सू ९-१०)

गुरुस्निग्धं हिमं मृदु। लघुरूक्षोष्णतीक्ष्णं च। (अ. हृ सू. ९-१७)

तीक्ष्णं रूक्षं मृदु स्निग्धं लघुष्णं गुरु शीतलम्।

वीर्यमष्टविधं केचित्के चिद्विविधमास्थिताः॥

शीतोष्णमिति वीर्यं तु येन या क्रियते क्रिया। (चरक सू, १५-८९)

(१७) रसादिसाम्ये यत्कर्मविशिष्टं तत्प्रभावजम्। (अ. हृ. सू. ९-२८)

विशेषः कर्मणां चक्रप्रभावस्तस्य च स्मृतः। (च. सू अ. ९-२५)

(१८) रसं विपाकस्तौ वीर्यं प्रभावस्तान्योपहति। (अ. हृ. भू. अ. ९-२५)

(१९) प्रभावोऽचिंत्य उच्यते। (चरक सू. अ. २५-२७)

(२०) अमीमांस्यान्यचिंत्यानि भसिद्धानि स्वभावतः।

आगमेनो पयोज्यानि भेषजानि विचक्षणैः॥ (सुश्रुत सू. अ. ४७-१९)

(२१) स्वादुः कटुश्च मधुरमम्लोऽम्लं पच्यते रसः।

तिक्तोषणक्षषायाणां विपाकः प्रायशः कटुः॥ (अ. हृ. अ. १०)

(२२) रसाः कटूम्ललवणा वीर्येणोष्णा यथोत्तरम्।

तिक्तः कषायो मधुरस्तद्वदेव च शीतलाः॥ („)

(२३) तिक्तः कटुः कषायश्च रूक्षा वङ्गमलास्तथा। („)

(२४) लघुरम्लः कटुस्तस्मात्तस्मादपि च तिक्तकः।

(२५) कटूम्लमधुराः स्निग्धा सृष्टविण्मुतमारुताः।

कटोः कषायस्तस्माच्च मधुरः परमं गुरुः॥ („)

(२६) अव्यक्तोऽनुरसः कश्चिदन्ते व्यक्तोऽपि चेष्यते। (अ. हृ. सू. अ. १०)

(२७) ते रसानुरसतो रसभेदात्सारतम्यपरिकल्पगम्या च।

संभवन्ति गणनां समतीता दोषभेषजवशादुपयोज्याः॥

(अ. हृ. सू. अ, १०-४४)

रसवीर्यविपाकानां प्रभावस्य तथा पुनः।

द्रव्यांतर्निष्ठभावानां बोधायतं भवेदिति॥

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TRIDOSHA THEORY OF AYURVEDA

BY

B. V. DEGWEKER M.A., M.Sc., LL.D.

JUBBULPUR.

(Continued from our last issue).

TRIDOSAAS

The next subject which I would therefore like to discuss now is to determine the dravya, guna and karma of the tridoshas or Tridhatus, as they are the principal constituents of the human body. This subject has been the object of discussion from the time Allopathic Science has set its foot on this ancient land of civillisation, and great and eminent Ayurvedists from Dr. Garde of Poona down to the late Dr. Yaminibhusan Roy, and our worthy Presidents Dr. Gananath Sen and Captain Shriniwas Murti have given their opinions about them. My profound respect for these worthy gems in Ayurveda encourages me to discuss the topic in my own way, and I hope to be excused if in this discussion I would differ from them in some respects.

TRIDOSHAS ARE MATTER

The first and foremost conclusion for which I would just put forward proofs is that the Tridhatus, or for the matter of that the Tridoshas are actual substances in the body. Ayurveda as stated above holds that दोषधातुमलमूलं हि शरीरम् ।

Which means that the visible body is composed of three varieties of substances known as Dosha, Dhatu and Mala. Of these, the 7 Dhatus and 3 Malas, are definitely known to be actual substances in the body. They can be seen, separated from the body, examined by all other senses and analysed. Their description in terms of their attributes (Gunas) therefore, has been given in Ayurveda, and their function in the general working of the body has also been clearly described. But all that has been done in short.

Whether the 3 doshas also can be so separated from the body, and analysed is a question, and it will be at some length that I

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would quote from ग्रंथ चतुष्टय viz., चरक सुश्रुत अष्टांगहृदय and अष्टांगसंग्रह, what the Rishis have to say regarding this. वाग्भट says

शरीरजानां दोषाणां क्रमेण परमौषधं । वस्तिर्विरेकोभजनं तथा तैलं घृतं मधु ।

From this statement it is evident that the Doshas are Shariraja *i. e.* produced in the body, and whatever is produced from the body must be a substance. Similary from the above-quoted statement दोषधातुमलमूलं हि शरीरं it is evident that if the body is composed of (Mulam) doshas they should also be actual substances, because according to Satkaryawada, which has been dealt with above at length while propounding the Panchamahabhuta theory, an existing entity like the human body (the structure alone and not mind, soul &c.) will always be developed out of an actually existing substance. Sushruta as has already been quoted says वातपित्तश्लेष्माण एव देहसंभवहेतवः ।

Now a substance or a Dravya has been defined by Charaka as

यत्राश्रिताः कर्मगुणाः कारणं समवायि यत् तद्द्रव्यं ।

Therefore a Dravya or substance is that which possesses some attributes (Guna) and which produces some sort of action (Karma) on any other part of the universe, either independently or in conjunction with something else.

If therefore the Tridoshas do possess some attributes, and if they also take part in the general working of the human system in one way or other, then they ought to be actual substances. Now if we look to any of these four works on Ayurveda, we find that the description of the tridoshas has been given in terms of their attributes thus :—

रूक्षः शीतो लघुः सूक्ष्मः चलोथ विशदः खरः । साकृतः ।

रूक्ष शीत लघु दारुण खर विशदा षडिमे वातगुणा भवंति ।

रौक्ष्यं लाघवं वैशद्यं शैत्यं गतिरसुर्त्वं चेति वायोरात्मरूपाणि भवंति । एवंविधत्वाच्च कर्मणः स्वालक्षणमिदमस्य भवति ।

तत्र रूक्षो लघुः शीतः खरः सूक्ष्मश्चलोऽनिलः । वाग्भट ।

Here अमूर्तत्वमिति अदृश्यत्वं, आत्मरूपमिति स्वरूपं । So says Chakradutta.

From a careful perusal of this description of Wata, one would naturally conclude that what Ayurvedists call wata is an actual substance existing in the human body. It is Amurta *i. e.* not that it has no form (Murti) but invisible just as an ordinary gaseous substance is. Since its Atmarupa. Swarupa *i. e.* natural character or form or true constitution has been

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described, we cannot agree with M. M. Dr. Gananath Sen who has stated in his Siddhanta Nidan on Page 13 that

रूपादिगुणाः वायोः कार्यानुमेया एव नतु साक्षादिन्द्रियगोचराः अस्मादृश्याः ।

No author or even commentator states that Doshas are Karyanumeya. Wipaka of a Dravya is said to be Karyanumeya, but not Doshas. In fact Arunadatta says—

एवं तद्गुणयोगाद्गुणगुणिनोरभेदोपचाराव्यातादयोगुणतोनिर्दिष्ट ।

Therefore Wat is a certain kind of gas (which one—that we shall see later) like external air which we breathe, which is also Adrishya, because no one can say which is the color of the air. All the other attributes stated above do exist in any gaseous substance. For instance a gas is always lighter than any solid or liquid. Hence as compared with the other doshas, Pitta and Kapha, it is Laghu (Light). It is Sukshma सूक्ष्मःस्रोतःप्रचारित्वात्- *i. e.* subtle, minute because it can penetrate the most minute structures in the body as any gas can, and not a solid or liquid. Sukshmatwa cannot always mean अनिंद्रियगोचरत्व *i. e.* imperceptible by senses. Otherwise the word will have no meaning in sentences like जालांतरगतेभानो यत्सूक्ष्मं दृश्यते रजः ।

Wat is Sukshma as compared to Kapha and Pitta which are Sthula because their form and color can be actually seen by the eye. In the course of a discussion regarding the nature of this Wat amongst the members of a conference which was held in those good old days, vide Charak chap. 12 of Sutrasthana, one of the members put the following question :

कथंचैनंवायुंससंघातवंतमनवस्थितमनासाद्य प्रकोपनंप्रशमनानि प्रकोपयंति प्रशमयंति वा ? ।

Here Asanghat-vantam qualifies Wayu, and Chakradutta in his commentary clearly states असंघातमिति पित्तश्लेष्मवदवयवसंघातरहितं. This means that just as Pitta and Kapha are both possessed of Avayava-sanghat *i. e.* a form viz. that they are liquid, have a certain definite color, odour etc., this Wayu has nothing of the sort, and is therefore like external air.

So also अनवस्थितमिति चलस्वभावं says Chakradutta *i. e.* if Pitta and Kapha substances were put in a bottle, they would remain there occupying a certain volume, while if wayu were put in it, it would move about, and thus occupy the whole bottle, *i.e.* all the space available. Hence as compared to Pitta and Kapha it is चल—चलः गमनशीलः नैवत्रतिष्ठतीति. It is Ruksha *i.e.* does not contain any lubricating quality ; and we know that there is no lubricating

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quality in any gas whatsoever, and more so in air. Ruksha is a quality which is exactly opposite of Snigdha. It is Sheet *i.e.* cold as compared to Pitta and Kapha. The substances Pitta and Kapha, as will be shown later, possess acid properties in a more or less degree, and are therefore Ushna. Pitta being highly acid is Ushna, Kapha slightly acid and therefore contains nearly negligible quantity of Ushnata, while Wat is purely Sheeta. In fact a gas is naturally neither hot nor cold, but it is only when it is made hot or cold by external means that it becomes so. Thus Arunadatta says—

अनुष्णाशीतोवायुरितिकाणादैःपठितः। योगवाहःपरंवायुःसंयोगादुभयार्थकृत्। दाहकृत्तेजसायुक्तः-शीत कृत्सोमसंश्रयादिति। तस्ययोगवाहित्वेऽपितावन्मात्रादुदाहोदयाच्छैत्यंस्वाभाविकं न विनश्यति-शीतगणव्यावर्णने चेदं प्रयोजनमुष्णेनाग्नमुपशाम्यति इति प्रतिपत्त्यर्थम्।

It is clear that a gas if it is heated increases in volume, and then passes out of the system, and thus it is got rid of—Upashamyati. It is Khar *i. e.* rough खरः अरुटुः as opposed to Kapha which is smooth—Shleshma, and we know that external air or any kind of gas is rough to feel or touch. It is Wishad *i. e.* clear and clean so compared to Pitta and Kapha which are Visra and Pichhila *i.e.* slimy and smeary. A liquid or a solid may be Pichhila, but a gas is always Vishad. Thus from the attributes in terms of which Ayurveda describes Wat, we conclude that

(1) it is a Dravya—a substance or matter, and that
(2) it is a kind of gas.

PITTA AND KAPHA DOSHAS

Next Pitta is described as सस्नेहमुष्णं तीक्ष्णं च द्रवमम्लं सरं कटु। पित्तं लघु विस्रंघा or पित्तं तीक्ष्णं द्रवं पूति नीलंपीतंतथैवच। उष्णं कटुरसं चैव विदग्धं चाम्लमेव च। औष्ण्यं तैक्ष्ण्यं लाघवमनतिस्नेहो वर्णश्च शुक्लाकृष्णवर्जो गंधश्च विस्रो रसौ च कटुकाम्लौ पित्तस्य आत्मरूपाणि।

This description of Pitta exactly coincides with that of a dilute acid like hydrochloric or sulphuric. It is liquid (Drava), slightly oily (Sasneha) as any of the above-mentioned two acids are, and is capable of acting chemically on another substance like food, and therefore Teekhna तीक्ष्णं शीघ्रकारीमंदविपरीतंसूचीवमिनति. It is hot to touch, Ushna, as compared to Wata and Kapha which are cold to touch (Sheeta). It is ltght (Laghu) *i.e.* its specific gravity is lower than that of Kapha, (but not as compared to that of Wata) which being of slimy consistency (Pichhila) is always

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Guru. It is sour and bitter in taste (Katu and Amla) as acids generally are, and yellowish and greenish in color. All the acids are generally of a yellow color. It is Visra *i. e.* दुर्गंधि मत्स्यगंधि as a bodily acid is likely to be. Thus we conclude that

(1) Pitta is also a Dravya, substance or matter, and that

(2) it is liquid with mostly acid properties.

Lastly Kapha is described as

गुरुशीतमृदुस्निग्धमधुरस्थिरपिच्छिलाः। श्लेष्मणः गुणाः। श्लेष्माशीतोगुरुःस्निग्धःपिच्छिलःशीतएवच। मधुरस्त्वविदग्धःस्याच्छिदग्धोलवणः स्मृतः।

स्नेहश्लेत्यशीत्यगौरवमाधुर्यमास्थर्यानि श्लेष्मण आत्मरूपाणि।

मधमानो गुलियाही। पिच्छिलः चकचकायमानः। इति अरुणदत्तः।

This description of Kapha agrees in every respect with that of any mucus secretion in the body. The secretion of the mucus and salivary glands of the mouth which we throw off in spitting is a nice example. It is sweet in taste (Madhur), of slimy consistency (Pichhila), slightly oily (Snigdha), white in appearance (Shukla), not quite watery like dilute acid, but slightly thick and therefore weighty (Guru & Sthira) and cold to touch (Sheet) as compared to pitta. That this secretion becomes saltish (Lavana) whenever there is any disease in the mouth is experienced by everybody when he suffers from cold. It is then that it gets Vidagdha. Thus we conclude that what is known in Ayurveda as Kapha or Shleshma is :

(1) a Dravya—a substance or matter, and that

(2) it is like the secretion of any mucus membrane in the system.

Principal places in the body where these Tridoshas are produced

Having thus proved that Wata, Pitta and Kapha are actual substances, let us now try to find out where and how they are produced, and what part they play in maintaining the general equilibrium (Dhatu-samya) in the body. The human structure like that of other living beings consists of a number of organs, grouped together into what are known as system such as Circulatory, Respiratory, Nervous, Digestive and so on. Of these the digestive system which enables the food that we eat everyday to be converted into the different tissues of the body, is from the point of view of supplying the wasted materiels, and thus maintaining the equilibrium of all other systems, the most

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important one. The principal part of the body which is engaged in this work is the Alimentary canal known as Mahasrota in Ayurveda, commencing from the cavity of the mouth and extending to the end of the rectum. This Mahasrota, has, for convenience of description and according to the primary functions which are performed in it, been divided by Ayurvedists into three parts :

(1) Amashaya (Stomach)
(2) Pakwamashaya-madhya or Nabhi (Deodenum)
and (3) Pakwashaya (intestines both large and small)

and these three have been described to be the chief abodes of the three doshas Kapha, Pitta and Wata respectively.

पक्वाशय: वातस्य । पक्वामाशयमध्यं पित्तस्य । आमाशय: श्लेष्मण: । सु० सू० २१ ।

It is these three portions of the alimentary canal which are indicated by the Urdhwa, Madhya and Adhah portions of the body in the statement

वातपित्तश्लेष्मणएवदेहसंभवहेतव: । तैरेवाव्यापन्नैरधोमध्योर्ध्वं संनिविष्टै: शरीरमिदंधार्यते ।

Ordinarily this alimentary canal is divided into five parts, mouth stomach, deodenum, intestines and rectum. But of these, the mouth simply helps the food to reach the stomach where the digestion and absorbtion processes just begin, while the rectum simply stores up and then throws off the waste products of the food. Hence from the point of view of pure digestion and assimilation they are not so very important although they help a great deal in these processes. A mucus membrane lines the whole alimentary canal from the mouth down right up to the rectum, and hence the mucus material (Kapha) is no doubt produced in the whole of the canal : but the substance Kapha is obtained in profuse quantity in the stomach and also its accesory the mouth, and so according to the व्यपदेशस्तु भूयसा the stomach is said to be its chief abode.

We shall now consider how the food which we eat every day is assimilated in the body, and helps to make good the waste, or increase the substance of the different tissues of the body. In fact Charakacharya while explaining the process has so elaborately and nicely dealt with the actual production of these substances Wata, Pitta and Kapha in the body that we are simply wonderstruck to see how their statements are exactly in coincidence with the modern conceptions of Physiology.

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He says—

अन्नस्यमुक्तमात्रस्यषड्रसस्यप्रपाकतः। मधुरात्प्राक्फेनोद्भावात्फेनभूत उदीर्यते।

परंतु पच्यमानस्य विदग्धस्याम्लभावतः। आशयाच्यवमानस्य पित्तसच्छमुदीर्यते।

पक्वाशयं तु प्राप्तस्य शोष्यमाणस्य वह्निना। परिपिंडितपक्वस्य वायुःस्यात्कटुभावतः Wagbhata is still more explicit

तत्तु अन्नं सर्वरसमपि पच्यमानं आदौ मधुरीभूतं कफं फेनीभूतमुदीरयति। ततो विदग्ध मम्लीभूतमाशयाच्यवमानसच्छं पित्तं। प्राप्यचपक्वाशयं कटुकीभूतमनिलं।

KAPHA SECRETION

These statements show that as soon as the food which consists of all the six kinds of tastes मधुराम्ललवणकटुतिक्तकषाय is taken in, chewed and swallowed, and thus reaches the stomach (Amashaya), there is a spontaneous flow in the stomach (उदीरयति, उदीर्यते) of a substance known as Kapha which is foamy in appearance फेनीभूत. The secretions from the salivary glands and the mucus glands of the mouth having got mixed with it while it was being chewed, and these secretions being all sweet in taste, there is an increase of sweetness already existing in the food taken. (आदौमधुरीभूतं, मधुरात्प्राक्). But it is evident that the particles of food can be well acted upon chemically by an acid if instead of being in a mass or semi-solid state, they are reduced to a liquid or a viscous liquid state. Therefore some liqnid, which would not allow the food at once to become Amla or Vidagdha, and would at the same time reduce it to a uniform liquid state, is required to be thoroughly mixed up with the food. This is provided by the gastric juice. Sushruta says :—

माधुर्यात्पिच्छिलत्वाच्चप्रक्लेदित्वात्तथैवच। आमाशये संभवति श्लेष्मा मधुरशीतलः।

आमाशयः—चतुर्विधस्याहारस्याधारः। सचतत्रोदकैर्गुणैराहारः प्रक्लिन्नोभिन्नसंघातः सुखजरश्च भवति।

The Audaka Gunas are those of Kledak Kapha (gastric juice) which contains nearly 99·5 p. c. of water

The process of digestion and absorbtion begins here in the stomach. A profuse quantity of this gastric juice gets mixed up with the food, and then it passes on from the mixture thus obtained to chyle (Rasadhatu), and thence to blood, and through blood to various other places in the body, where similar other mucus membranes exist. Thus it causes secretion according to the general rule

वृद्धिः समानैः सर्वेषां विपरीतैर्विपर्ययः।

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Sushruta, therefore, says that स: क्लेदकफ: तत्रस्थ एव स्वशक्त्या शेषाणां श्लेष्मस्थानानां शरीरस्य च उदककर्मणा अनुग्रहं करोति।

From this it is evident that this Amashaya is the chief abode of Kapha.

Moreover Charak says—

वमनं तु सर्वोपक्रमेभ्य: श्लेष्मणि प्रधानतमं मन्यंते भिषज:। तद्धि आदित एवामाशयमनुप्रविश्य केवलं वैकारिकं श्लेष्मूलमपकर्षति। तत्रावजिते श्लेष्मपत्तीऽपिशरीरांतगैता: श्लेष्मविकारा: प्रशांतिमापद्यंते। तथा भिन्ने केदारसेतौ शालियवषष्टिकादीन्यभिष्यंदमानान्यंभसा प्रशोषमापद्यंते तद्वदिति।

This shows that the best course according to Charak for removing Dhatu-vaishamya due to Kapha is to administer medicines which would cause vomits, and thus empty the stomach, because the Shleshma there which is the root cause of all other diseases in the system due to Kapha is thereby eradicated from the system. Not only that but owing to the removal of this Shleshma-mula, which, as stated above, nourishes the other four kinds of similar Kapha secretions to be described later on all other diseases in the system due to Kapha disappear, just as when a field laden with crops is under water, the crops get withered owing to excess of water, but if the dam be opened at a certain point, and the water allowed to get out, the crops again attain their normal condition. This statement clearly proves that it is this Amashaya-gata Kledak Kapha (gastric juice) which is the root cause of all other diseases in the system due to Kapha. If it is produced in normal quantity, the whole system goes on all right, but if owing to some internal or external cause its quantity is increased, it has to be removed by Wamana. That this gastric juice flows spontaneously as soon as food is taken in the mouth is proved from the following passages from "Haliburton's" Physiology : "Pawlow has by a very ingeneous surgical operation succeeded in the dog in separating off from the stomach a diverticulum, which pours its secretion through an opening in the abdominal wall. The following are his main results :—

(1) Increase in the quantity of food given causes an increase in the amount of gastric juice secreted.

(2) The increase is most abundant in the early periods of digestion (वयोहोराविभुक्तानां ततस्त्र्यादिन: क्रमात् is a statement which clearly tells us that Kapha is most abundant in the Adi part *i.e.* early periods of digestion, but it continues to be secreted (उदीर्यते) as long as any food remains to be dealt with. When there is no food given, there is no juice, *but sham feeding or chewing will cause it to flow.*"

(*To be continued.*)

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FEVER IN AYURVEDA

BY

ASHUTOSH ROY, L.M.S.

Hazaribagh.

——:o:——

(Continued from our last issue.)

Special diet in Niram Stage of Vayu Fever.

In the Niram stage when fever is off, give rice "Javagu" and meat soup mixed with juice of grapes and "Amloki" (Embelic myrobalum) if there is constipation.

If pain in the sides, head or rectum persists in the Niram stage when fever is off, give rice "paya" with kantikari (solanum xanthocarpum) and Gokhura (Tribulus Terrestris) both of which are diuretics.

If cough, hiccough and other respiratory trouble persist in the Niram stage when the fever is off, give rice "paya" medicated with "Salpa Panchamul" (specific for Kapha).

It may be noted that there are 3 kinds of Rice "Javagu" (rice meal) according to consistency. These are :—

Manda—clear, strained, liquid obtained after boiling rice in a "Handi" (special earthenware pot) boiled on cow dung cake ("Ghutia").

Paya—contains more liquid with a little sediment,

Bilapi—contains more sediment less liquid.

Note—Anna is boiled rice without liquid.

We thus see that any intelligent student of Ayurveda can treat medicinally and dietically any case of 'Vayu' fever by writing out his own prescription (specific combination) according to special indication in each particular case, provided he has clear idea of the action of drugs used in his prescriptions. *Much of the criticism that the present day Ayurvedic treatment is quackery more or less (consisting in the use of patent prescriptions) will disappear.*

Junior practitioners should carefully study the combinations given above. In the beginning of their practice it is often desirable

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to use those patent combinations, after carefully studying those combinations and their indications. Gradually the young practitioner should attempt to write out his own combinations in each individual case. In this way he will gradually be able to write out his own prescription in each case like allopathic practitioners.

Often specific combinations *e.g.* Dasamul, Brihat Panchamul Salpa panchamul etc. which are directed to re-establish the equilibrium of deranged Vayu and Kapha, should be used intact along with other medicines according to special indication in each case, for centuries of experience have proved their efficacy as specifics.

It should be noted that prescriptions similarly named in different books give different combinations, though more or less allied in action. To use a name, a label, as a prescription without stating the exact combination you require in a special case is unscientific. Of course the present practice with the Ayurvedist is to serve his own prescription but gradually this state of things will disappear and then much anomaly will arise. Already good pharmacies are springing up here and there to prepare good Ayurvedic combinations.

A bad practice has arisen amongst some kabirajas to alter the orthodox names of Ayurvedic prescriptions and charge extra from their patients. This is far from professional honesty and is against the spirit of Ayurvedic science. Science is incompatible with secrecy.

(2) *Pitta Fever.*

This group includes the bilious fevers, malaria, remittent etc.

Indications for treatment.

(1) Specific febrifuges to check this group of fevers, etc.
Khetpapra (oldendalia corymbosa)
Katki (Picorrhiza Kurrooa)
Aconite
Neem (Melia azadirachta)
Akanda (calatropis procrea)
Gulancha (Tinospora cordifolia)
Chireta—antibilious febrifuge,

We have mentioned a large number of drugs which can be used with advantage in the bilious groups of fevers and we must try

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to differentiate their actions for better application in individual cases.

Khetpapra—is a specific in bilious fevers generally. A simple decoction alone is sufficient to check "Pitta" fever. It is good in Vayu-pitta fever also (*e.g.* remittent fever with gastric irritability); as decoction combined with aromatics it is cooling.

Katki—is useful in bilious fever with constipation.

Aconite—It is useful in the first or inflammatory (Pitta) stage of fevers. By depressing the heart, it depresses the circulation, slows the pulse and reduces tension (in bilious fever, the fever toxin excites the heart, quickens the pulse and increases the tension). It is also used to relieve pain in Vayu-Kapha fever (rheumatic and Neuralgic pains acting more on sensory Nerves).

It may be noted that in Vayu-pitta fever, Nervous system is excited and in Vayu-Kapha fever, it is depressed.

Neem—is a useful antifebrile in intermittent fevers with Liver (Pitta fever) and in Vayu-pitta stage (acute stage) of rheumatic fever. It contains sulphur.

It is an important ingredient in such Ayurvedic prescriptions as "Pancha Nimba" and "Pancha Kashai" (five bitters).

Akanda—It is a good febrifuge in low fevers (*e.g.* when the acute stage of malaria is over). When the Pitta excitation is depressed, depressing at the same time Vayu-Kapha and thus a lower stage of equilibrium is reached.

The writer has personally fouud it efficacious in chronic intermittent malaria. It is not mentioned in Ayurvedic books in association with Pitta fever. The writer's dose is to give an adult leaf for adults early morning in empty stomach, pasted and rounded as a pill.

Gulancha—is a good antiperiodic and diuretic, specific for "Kapha"

Chireta is antibilious, febrifuge.

(2) Specific combinations for special symptoms *e.g.* thirst

(3) Accessory procedures.

The old school, as already noted, gives the pachans in the Niram stage of "Pitta" fever also.

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ANALYSIS OF INDIVIDUAL PRESCRIPTIONS USED IN PITTA FEVER AND ITS COMPLICATIONS

These may be grouped as follows :—

(1) In which khetpapra is the only febrifuge.
(2) In which khetpapra is combined with katki.
(3) In which khetpapra is combined with Gulancha.
(4) In which Gulancha is the only febrifuge.
(5) In which katki is the only febrifuge.
(6) In which katki is combined with Nim.
(7) In which Gulancha is combined with Aconite.
(8) Symptomatic prescriptions.
(9) In which khetpapra, Gulancha and katki are combined.
(10) Cooling drinks.

(1) *In which khetpapra is the only febrifuge.*

We have already stated that decoction of khetpapra alone is efficacious in checking simple Pitta fever.

Parpati-Kwath—It contains besides Khetpapra.

Red Sandal wood—bitter, antiseptic, excreted through lungs and kidneys.
Bala (Pavonia adourata)—fragrant, cooling
Dried Ginger—carminative.
Khaskhas (Andropogan Khaskhas)—fragrant, Soothing.

Indicated in Pitta fever with burning and want of appetite.

Hribaradi-Kwath—It contains besides Khetpapra.

Red Sandal wood—bitter, antiseptic, fragrant. cooling.
Bala (Pavonia adourata)—fragrant, cooling.
Khaskhas (Andropogon Khaskhas)—fragrant, cooling.
Mutha (Cyprus rotundus)—antibilious, diuretic, diaphoretic.

Indicated in bilious fever with intense thirst, burning and slight diarrhoea.

(2) *In which Gulancha is the only febrifuge.*

Liquid extract of Gulancha is combined with coriandar (carminative) and Sugar. Controls the fever with diuresis.

(3) *In which katki is the only febrifuge*

Kalingyadi-Kwath—It contains besides Katki.

Mutha (Cyprus Rotundus)—antibilious, diuretic, diaphoretic.

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Indrajab (Seed of Holarrhoena antidysentrica)—astringent, good in mucous stools
Katphal (myrica Sapida)—astringent.
Aknadi (cissampelos Hexandra)—astringent
Sugar.

In this prescription the cathartic effect of Katki is corrected by the addition of astringent drugs. It is indicated in Bilious fever (Pitta fever) with mucous diarrhoea and in bacillary dysentery.

A simpler combination gives one astringent only (Indrajab) and omits the other two (Katphal and Aknadi)—similar indication with slight stool full of mucous.

Tiktadi-Kwath—contains the same ingredients as Kalingadi-Kwath to which Bala (Pavonia odourata-fragrant) is added. Similar in action to Kalingyadi-Kwath.

(4) *In which Khetpapra and Katki are combined.*

Drakhyadi-Kwath—It contains besides Khetpapra and Katki,
Dried Raisins
Haritaki (Chebulic Myrobalum) } Laxative
Mutha (cyperus Rotundus)—Diuretic and Diaphoretic.

It is indicated in Bilious fever with constipation, ulceration of mouth, severe burning and thirst, delirium and unconsciousness. The toxins are removed mainly from the intestines which are very loaded. To increase the purgative effect still further

Sondal (Pulp of cassia Fistula) Purgative is sometimes added.

Duralavadi-Kwath—It contains besides Khetpapra and Katki,
Duralava (Alghai maurorum)—diuretic
Basak or vasak (Adhatoda vesica)—expectorant
Chireta—Antibilious, bitter
Priyangu (Alghai Ruxburgi)—soothing, astringent.

It is indicated in Pitta fever with thirst and burning and in Kapha-Pitta fever also.

Visyadi-Kwath—It contains besides Khetpapra and Katki,
Dried Raisins—Laxative
Mutha (cyprus Rotundus —diuretic, diaphoretic
Haritaki (Chebulic myrobalum—Laxative.

It has the same composition as Drakhyadi-Kwath having the same indicaion.

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(5) *In which Khetpapra is combined with Gulancha.*

Kiratadi-Kwath—It contains besides Khetpapra and Gulancha,

Chireta—antibilious, bitter
Red Sandal Wood—fragrant, cooling
Coriandar—carminative
Khaskhas (Andropagan Khaskhas)—fragrant
Padam Kasta (Prunus Padam)—fragrant

to which often

Haritaki (chebulic myrobalum)—Laxative, is added.

It is indicated in bilious fever with burning, thirst, nausea vomiting and bitter taste in the mouth.

Lodhradi-Kwath—It contains besides Khetpapra and Gulancha,

Lodhra (symplocos Racemosa)—astringent
Lotus flower—cooling, astringent
Anantamul (Hemidesmis)—alterative

It is astringent, cooling, antifebrile in bilious fever.

Guduchyadi-Kwath—It contains besides Gulancha and Khetpapra—

Chireta—antibilious, bitter
Dried Raisins
Tewari (Ipomœa Turpetum) } —Laxative
Amloki (Embelic myrobalum)—Astringent
Vasak (Adhatoda Vesica)—Expectorant
Mutha (cyprus Rotundus)—Diuretic, diaphoretic
Bala (Pavonia odoureta)
Khaskhas (Andropogon Khaskhas) } —Fragrant
Aguru (Aquilaria Agallocha)

It is indicated in Pitta and Kapha-Pitta fever.

(6) *In which Gulancha is combined with Aconite.*

Bhunimbyadi-Kwath—It contains besides Aconite and Gulancha,

Lodhra (Symplocos Racemosa)
Indrajava (seed of Holarrhœna antidysentrica) } Astringent
Bark of Bael fruit (ægle marmelos)
Chireta—antibilious, bitter
Coriandar—carminative
Mutha (cyprus Rotundus)—diuretic, diaphoretic
Bala (Pavonia odourata)—fragrant, antiseptic

It is indicated in Pitta and Kapha-Pitta fever with mucous in the chest and abdomen.

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(7) *In which Katki is combined with Neem.*

Mridyakadi-Kwath—It contains besides Neem and Katki,

Dried Raisins
Glycerrhiza } Laxative

It is indicated in Pitta fever with constipation.

(8) *In which Khetpapra, Gulancha and Katki are combined*

Mahadrakhyadi-Kwath—It contains besides Khetpapra, Gulancha and Katki the following :

Mutha (cyprus Rotundus)—diuretic and diaphoretic
Duralava (Alghai maurorum)—diuretic
Dried Raisins
Haritaki (chebulic myrobalum) } —Laxative
Jastimadhu (Glycerrhiza)
Red Sandal wood
Padam Kasta (Wood of Prunus Padam) } —Fragrant
Bala (Pavonia odoureta)
Khaskhs (andropogon khaskhas)
Vasak (adhatoda vesica)—expectorant
Patole (Tricosanthus Dioeca)
Chireta } antibilious, bitter
Dhania (coriandar)—carminative
Phalsa-acid fruit of (zanthocarpus grantium)
Priyangu (Alghai maurorum) } astringent
Indrajab (seed of Holarrhœna antidysentrica)

It is a complex prescription used in Pitta and Kapha-Pitta fever with severe complication like mucous diarrhœa, Bacillary dysentery etc. The combination of Laxatives and astringents are "correctives" to each other.

(9) *Symptomatic combinations.*

(a) *Duralavadi Kwath*—It contains
Duralava (Alghai maurorum)—Diuretic
Mutha (cyprus Rotundus)—Diuretic and diaphoretic
Chireta—antibilious, bitter, febrifuge.

It is indicated in Shyam Stage of Pitta fever, when the patient cannot bear too much fasting and some light medicine should be given to correct the dosha and quickly bring the Niram Stage.

(b) Decoction of dried Raisins and Sandal (cassia fistula)
It is laxative in Pitta fever.

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(c) *Patoladi Kwath*—

Palta (Leaf of Tricosanthus Dioica)—specific, antibilious, Laxative

Glycerrhiza—Laxative

Indrajava (seed of Holarrhœna antidysentrica)—astringent

Dhania (coriandar)—carminative

Sugar

Indicated in Pitta fever in Shyam Stage when nature and fasting fail to correct the deranged Am-Rasa (chyle)

(d) *Triyomanadi-Kwath*

Bala (sida cordifolia)—fragrant, antiseptic

Flower of Mahua (Bassia Latifolia)—acid, astringent

Chireta—antibilious

Mutha (cyprus Rotundus)—Diaphoretic

Long Pepper—Carminative

Glycerrhiza
Haritoki (chebulic myrobalum) } Laxative

Indicated in Shyam Stage of Pitta fever with complications.

(*10*) *Cooling drinks to relieve thirst* (medicated)

(a) Take fruit of Gambhari (Gmelina Arborea)—Laxative

Phalsa (fruit of Gruria Asiatica)—astringent
Mahua (fruit of Bassia Latifolia)—appetizer, stomachic } acid

Sandal Wood
Kaskhas (Andropogon Khaskhas) } Fragrant, cooling

(b) Take Dried Raisins—Laxative

Anantamul (Hemidesmis)—fragrant, alterative and sugar.

(c) The best is *Sadanga Paniya*. It contains—

Mutha (cyprus Rotundus)—diaphoretic and diuretic

Khetpapra (oldendelia corymbosa)—specific, antibilious

Red Sandal Wood—cooling, fragrant, antiseptic

Root of Khaskhas (andropogon Khaskhas)—fragrant

Bala (Pavonia odoureta)—fragrant

Sunth (Dried Ginger)—carminative

It checks both thirst and heat of body.

(d) Cocoanut water is good to relieve thirst and burning in "Pitta" fever.

(e) Water in which "chinra" (paddy fried and pressed or unripe paddy pressed after taking out the outer cover) is good to relieve Pitta with loose stool.

(*To be continued.*)

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Health and Hygiene

—:o:—

PREVENTION OF INSECT BORNE AND VENEREAL DISEASES

Major J. D. Mingos M.C., U. S. Army in course of his lecture at S. Juan de Dios Hospital said :—

Once more I have to appear to you this morning to talk about a big subject ; namely, the prevention of diseases spread by insects and venereal diseases.

The diseases which we are going to touch first, are those spread by insects. I do not know the actual rate of diseases in the islands spread by the mosquito, louse, bed bugs and others of similar nature. In the States, we have very high rate of incidence. We will discuss to-day the diseases caused by mosquito bites. One of the big examples is Malaria. Dengue fever and yellow fever are other examples of diseases caused by mosquito. Typhus fever is another disease caused by the bite of louse (Bacillus typhi exanthematici). The plague—both bubonic and pneumonic is another disease caused by the flea bite.

As I said, before one is infected, we must have an infected individual as host that is capable of transmitting that condition to unaffected individuals. In other words, we must have receptor, an individual who is capable of receiving that infection and let that infection grow in his body.

The first disease we are going to touch is malaria infection ; how it is transmitted and what precautions we must take to control the condition. Malaria is transmitted by the anopheles group of mosquito. The main source of transmission is the female of the group which is responsible for the spread of the disease. The male mosquito does not take part in the spread. So that when you are bitten by the male mosquito, you do not have to worry about acquiring the disease. A mosquito that hums before and after biting is the female mosquito and that is the time when transmission is possible. If we have an individual affected by malaria fever, the female anopheles mosquito will bite that individual and for a period of 2-5 days, cell section or division will take place and when that mosquito bites another unaffected individual this one receives the infection through the blood of the infected individual. So we must do something for the control of malaria. We should take steps in the prevention of the mosquito breeding places. (An example is yellow fever in which the death rate is very high), Get rid of the mosquito breeding places and you will get rid of the disease. However, it is easy to get rid of the mosquito when we say it but it is rather hard when actually doing it. There is almost an every day occurrence of the disease and figures show that the number of cases range from 10-15 a week. But this is not

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so great as in other tropical cities. The control is absolute, if every individual will always sleep with the mosquito net.

The anopheles mosquito breeds in standing water, may be moving water in banks, ditches, lakes and rivers. The mosquito lays the eggs on the water and the anopheles eventually emerge from the eggs. If we take steps to prevent the existence of stading water, no tins and pails containing water, no receptacles containing whatever remains where the mosquitoes will have chance to lay eggs ; if every pond, canal should be sprayed with oil solution making a film on the water, we will be able to prevent the existence of breeding places and in that way we kill all the mosquitoes. Clean and scrap the canal so that there is no water standing, and if those things are done properly, we shall have performed a big hygienic task. Once the growth of the mosquito is prevented, the existence of malaria is also prevented.

Comment—In William Fort McKinley, an incident happened. In one of the quarters, an inspection was made. Nothing could be taken into account as the possible means for the existence of mosquitoes. But on one occasion, there was a refrigerator and below this refrigerator, are found cans filled with water so as to prevent ants from climbing up the refrigerator. Upon close examination, there was found plenty of mosquito larva inside the cans.

Educate the people to have all cans under the house, or in any place removed. Teach them that it is through these cans containing water, that the mosquito breeds. There are other ways of getting rid of the larvae. For example, those small fishes about three inches long found in lakes near the city, eat the larvae. (But these fishes eliminate thousands of mosquitoes). The cans below the refrigerator should be filled with oil of any kind so that the mosquito will not be able to live in.

As I have told you that the time for the growth of mosquito is from 3-5 days. This condition however varies according to the temperature. Back in the states, in the temperate zone, 7-10 days is the time to have the larvae become mosquito.

Having done all we can to prevent the spread of the mosquito and the prevention of the malaria fever, still we have cases appearing. So our attention will be turned to prophylactic measures against malaria. If every man in the group or community, take 8 gr. of quinine sulphate every day, at least the prevention of malaria fever may be possible.

(Comment—In Lingayen, we are going to experiment on a group of men, about 600 will be taken. Two hundred will be given quinine sulphate, two hundred will be given phenacetine, and two hundred will be given plasmochine. The result of this experiment will be known later on.)

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Another thing to be done to prevent the spread of malaria is that when you have a malaria patient, provide him with mosquito net and get the mosquito away from him. Always see that the patient is in the mosquito net. Isolate the patient and give prophylactic treatment as plasmochin.

Dengue fever is another disease which must be prevented. No causating agent of this disease has been isolated but it was supposed to be caused by filterable virus, which is transmitted through mosquito bite.

(Comment—Several years ago, a good friend of mine invited me in their house in San Antonio Texas. As there were many mosquitoes, one of the officers looked for the source but none could be located. One day the same friend of mine invited me to dine with him. He happened to tell me that they have plenty of small fishes. Below the table there was a bowl of water, and when I examined it I found that what he told me to be small fishes were nothing but wrigglers.)

No body knows the pathology of dengue fever, because there has not been any death due to true dengue. We must take control measures for the prevention of this disease, and the prevention is just like the prevention of the malaria fever.

I should mention the other fever—the yellow fever, but I do not know the existence of this disease here in the islands. You will get life-time immunity once you are infected by this disease,.

Typhus fever is another disease—but this is caused by louse common in Balkan States, Russia, and Siberia. The only treament is cleanliness. Cleanliness is the only means of preventing this disease. The chance of being infected by this kind of disease will be less if cleanliness of clothes and body are properly observed.

We have many other conditions caused by mosquito, and the most important is relapsing fever, but I will not discuss the disease as it is unknown in the islands.

Plague—both bubonic and pneumonic. The disease takes place from the rats through flea bite. The only way to control this disease is to have everything clean, the house, the permises together with garbage and the prevention should be taken by the public health by preventing the rats from landing to ships.

The last thing that I am going to touch to-day, is the prophylactic measures for the venereal diseases. I am not going to give you hints on the treatment of venereal disease, because your professor can give you more facts about the treatment of this disease, I will talk about the steps to be taken to control the spread of the venereal diseases. There are three kinds of infection, namely the gonorrhea, syphilis, which is the hard chancre, and chancroid, the soft chancre. The last is caused

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by bacillus of Ducrey ; gonorrhea, by gonococcus ; and the hard chancre, by the spirocheta pallida.

In the army, we adopted prophylactic treatment and actual steps taken whenever any man in the army is exposed to venereal disease.

In the navy, they are doing a very nice procedure in the prophylatic treatment of venereal disease. There are prophylactic stations in different places. We required every man exposed to venereal disease to report to any one of the stations. The attendant in the station will examine at once the patient and see if there are discharges. Then if there are, the attendant will require the patient to wash thoroughly the genitals and the surrounding part. After this is done, the attendant will run 1 : 5,000 bichloride of mercury solution over the penis and genitals, being careful not to let any solution get into the urethra After this time, 1 c.c. or 4 c.c. of 2% solution of protargol is injected into the penis, into the urethra and the man is required to hold the solution for 5 minutes. After the time required, the solution is allowed to pass out. After this is done, the man is given 10% calomel ointment and required to rub it thoroughly around the penis. The bichloride of mercury solution has for its purpose to get rid of the bacillus of Ducrey and the 2% solution of protargol will get rid of the gonococcus, while the calomel ointment is for the destruction of the spirocheta pallida.

The calomel ointment is rubbed for seven minutes but care is taken not to let any portion of it go into the urethra. In addition to this, he is told to take a little piece of calomel ointment and put in the meatus and leave it there.

The patient must urinate before the prophylactic treatment is given. This has two purposes : (1) If there is infection in the urethra, you promote mechanical cleansing of that part and (2) the man will not urinate after the treatment besause the solution must remain in the urethra. This prophylactic treatment is usually given 3 hours after exposure to the disease

You may find many different treatments put in the market for prophylactic measure and has many times failed to work.

(Comment—When this method was started, they called for a group of volunteers in the army to have sexual intercourse with known infected prostitutes and the men promised to have all the instructions done. After this has been performed, the method of prophylaxis was used and no man developed venereal disease. Another group was taken to do the same thing, but two out of the group did not take the prophylactic treatment after exposure to the disease and consequently those two developed the disease while the rest did not.)

(Comment—In San Antonio Texas, for the first time, the prophylactic station was established, every day thousands were given prophylactic

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treatment, most of them receiving several injections. Upon going with the records, it was found out that almost all the men given treatment, were government employees—three thousand policemen and four thousand army men. As to the reason for the popularity of the disease among them, I do not know.)

The protargol has direct action upon the causative agent. In examining the discharges, we take smears and make the routine examination. If it shows negative result, still we are not satisfied, until three successive smears are made with negative results.

THE CAUSES OF BACKACHE

By Dr. J. Douglas Thompson

I have received so many letters of late asking me to explain the causes of Backache, that I really think it is one of the timely topics that should be discussed at regular intervals. The most common form of a pain or ache in the region of the back usually comes from the lower part of the back and this is mostly found in women of all ages ; who constantly or occasionally complain of pains or aches in the lower part of the back. The most common cause of this peculiar backache among women is due to misplacements of the female organs, which gives rise to an extra strain on the muscles of the lower part of the back ; this eventually affecting the entire back and very often giving rise to what is otherwise known as Lumbago.

Besides the backache which I have been telling you about, there is still other backaches that are due to other causes. One type of backache which is usually felt about the middle portion of the back is due to a stone in one or both kidneys. Still another type of backache about the region of the shoulders is due to Gall-bladder stones and still another backache which is mostly general is due to such occupations as : store clerks, policemen and those who are required to stand for long hours in one position.

Faulty posture especially among school children, usually gives rise to chronic backache sometime later in life and this is very often impossible to overcome, due to the length of time that it has existed. However, if you are suffering from any form of backache, start to-day toward finding out the cause of that particular pain or ache by first of all going to see your Drugless Physician and having a thorough physical examination, then after this has been completed start towrad your health again by adopting a general body building regime in order to make your cure permanent. Of course much temporary relief can be secured through the placing of a hot water bag or an electric pad under the part which is nearest to the pain ; or in fact hot compresses, which can be accomplished

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through the use of placing a large bath towel in a moderate quantity of hot water, then wringing out tightly and making fifteen to twenty-five applications over the afflicted part will bring about a good measure of temporary relief, but to completely overcome this trouble, you must find the cause and correct it completely. The occasional use of a warm internal bath of castile soapsuds very often brings immediate relief to the one afflicted.

Medical News & Notes

—:o:—

SPECIALISTS IN THE SUBURBS

Would Never Make a Living.

FROM A MEDICAL CORRESPONDENT.

The advice of the British Medical Association to patients not to fly to specialists on the least provocation will focus public attention on that to some—fearsome body of men who mostly live in Harley-street or its immediate vicinity.

I do not propose to discuss what specialists are professionally, or what they have to do to attain their particular position in the various branches of the medical profession. What about their human side and the side the public never sees and can only feebly surmise ?

Why, for instance, do they all seem to live in Harley-street ? Why are they not scattered about in the suburbs where they might be more easily got at—on the spot, as it were ?

The answer is *public opinion.*

The specialist in the suburbs would not make a living. His reputation would be purely local. He would be a kind of glorified general practitioner.

"IS HE HARLEY-STREET ?"

No one would consult a specialist who lived in Balham. Give the same man a Harley-street address and at once, in the eyes of the public, he *is* a specialist. In these days this by no means follows, but to the public it does.

How often do I hear the question, "Is he a Harley-street man ?" and how often have I observed the disappointment, unexpressed but plainly shown, when the answer has had to be "No !"

THE TYPE THAT FEARS.

There are two types of people who visit specialists. One type flits from one to the other, and seems to enjoy it. The other fears him, fears what he migh tsay, and, more deadly fear still, what he does *not* say.

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If people only knew, their fears would evaporate immediatly. The specialist, to be successful, must not only know his work, but he must know how to handle people, gain their confidence in the space of one brief interview, and form and deliver his opinion in the same brief period. A big effort.

Moreover, as a family doctor, I find him genuinely sympathetic, quite apart from the sympathy which he is expected to express.

CANCER RESEARCH EXPERT DIES.

Finger-prick Theory.

The death of Dr. H. J. B. Fry, at the age of 44, has caused great sorrow at the research department of the Cancer Hospital, in Fulham-road, S. W., where he was the pathologist.

A medical colleague said that some people endeared themselves to all they met. Dr. Fry was not of these. A tremendous worker of great character and personality, he astonished his colleagues by his energy.

When he did get a short rest from his research works, his committee meetings, his duties as a magistrate or in municipal life, he would plunge with just as much energy into strenuous games of football or hockey.

He was an athlete at Oxford and came of an athletic family. His brother was a cricket Blue, and he was a cousin of Mr. C. B. Fry.

The cause of his death is not definitely known, although it was not from cancer. The facts were reported to the coroner, who was to hold an inquest. The suggestion has been made that a pricked finger at a post-mortem examination may have had something to do with it.

NERVE "CURES" CAUSED BY SHOCK.

In a previous article I endeavoured to explain some of the things we know about the working of the brain and to indicate those mysteries which it still holds secret.

I pointed out that the brain is responsible for every movement of the body and for the recording of sensation of every kind.

To carry out these duties the brain must be in communication with every part of the body, and this is brought about by means of the nerves.

The nerves themselves do not direct movement or feel pain or record sensations. They are simply the means by which the commands of the brain are caried out and by which sensations are communicated to it. There are separate sets for each duty.

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Pain Telegraphed :

For example, if you burn your finger the pain is carried to the brain by one set of nerves, and the quick withdrawal of the finger from the cause of its discomfort is caused by a message sent from the brain down another set. The action is so rapid that there is hardly any appreciable lapse of time between the injury and the withdrawal.

If the lines of communication are severed, there is immediate loss of movement or sensation, or both in the part served by those lines.

Modern surgery often steps in to re-establish these broken lines.

If a nerve has been cut by accident, and provided that the interval between the severance and the repair is not too long, excellent results are obtained by stitching the severed ends of the nerves together. They join up, and once more communication is established, and movement and sensation return to previously paralysed parts or those in which sensation has been lost.

It is here that I can best explain something which is so difficult for laymen to understand. It is the difference between what is known as functional and organic disorders of the nervous system.

Suppose that one has a case of loss of movement in one hand. On investigation no disease of the brain can be discovered, and it is known that the lines of communication are intact. That condition is a functional one. On the other hand, if there is disease or through some means the lines of communication have been severed, then that is called an organic condition.

"Miracle" Cures.

It is owing to the failure of the public to differentiate between these two conditions that so much misunderstanding at times arises, especially in relation to "miracle" cures. No amount of faith is going to join together the widely-separated ends of a severed nerve, but a shock might easily, and often does, start working a nervous system which is intact but lacks the mental stimulus for its use. One is an organic, the other a functional condition.

THE HOME PAGE DOCTOR.

DOCTORS ATTACK HIGH HEELS AGAIN.

Vanity and Fashion.

VENUS WOULD HAVE WORN IDEAL SHOE.

Doctors, who have often criticised the high heels of women's shoes, returned to the attack to-day.

Arising out of the replies of 200 medical officers of health to a questionnaire on footwear, a report on the materials used in the

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manufacture of boots and shoes was presented at the annual conference of the Federation of Boot Trades' Associations at Hastings to-day.

Many of the doctors condemned the present-day shape of footwear in general, and criticised women's vanity in wearing unsuitable shoes simply because they were fashionoble. One declared :—

"I think the ineradicable habit of women wearing high heels is entirely bad, and leads to more foot trouble than all causes put together"

"FOOLISH WOMEN."

Tight-fitting shoes with pointed toes and high heels, or thin-soled shoes were blamed for many nervous disorders, and another doctor suggested that "models or casts of feet from Greek statues, such as the Venus de Milo, giving size and shape, would encourage less foolish women to buy shoes of correct shape and size."

These were other main points from the replies :—

Boot and shoe makers should scrap present-day "lasts" in order to do away with shoes of unnatural shape and pointed toes. Ultra-high heels should go.

Thin, paper-like soles should be barred except for fine weather wear.

The perfect boot or shoe is one which has a good quality leather sole of fair thickness, a leather upper, and is made so that it allows of proper support for the arch of the foot, while permitting free movements of the toes.

Such a shoe would be responsible for lessening the ill-effects on national health of rheumatism, chest troubles, heart disease, common colds, foot deformities, and flat feet.

HIGH HEELED SHOES CONDEMNED

Women's Modes That Lead to Ill Health

SHODDY LEATHER

TRADE SUPPORT FOR DOCTORS' OUTSPOKEN OPINIONS.

Replies of 200 medical officers of health to a questionnaire on footwear throw a striking light on the attitude of the medical profession to the materials used in the manufacture of boots and shoes.

A report on the questionnaire was presented at yesterday's session of the annual conference of the Federation of Boot Trades' Associations at Hastings.

Mr. John Hoyle, the general secretary, in analysing the results of the questionnaire, said that, in the view of the members of the Federation, it was highly important that the public should know the conditions that governed health in footwear, and the Federation was

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particularly anxious to develop the industry along lines consistent with medical experience.

RUBBER-SOLED SHOES

Some remarkable facts, he said, were disclosed by an analysis of the replies. The main points were :—

Gym shoes, Wellingtons and rubber-soled shoes serve a useful purpose on their appropriate occasions, but must not be worn for longer periods than is absolutely necessary. Constant wearing of these causes damp feet with their attendant ills.

Boot and shoe makers should scrap present-day lasts in order to do away with shoes of unnatural shape and pointed toes. Ultra-high heels should go.

Thin, paper-like soles shuld be barred, except for fine weather wear.

The perfect boot or shoe is one which has a good quality leather sole of fair thickness, a leather upper, and is made so that it allows of proper support for the arch of the foot, while permitting free movements of the toes.

Such a shoe, according to almost 90 per cent. of the medical men who had replied, would be responsible for lessening the ill-effects on national health of rheumatism, chest troubles, heart disease, common colds, foot deformities, fallen arches and flat feet. "Shoddy leather," said Mr. Hoyle, "is roundly condemned."

HOW ILLNESSES BEGIN

The public would be surprised and even startled to learn, continued Mr. Hoyle, of the illnesses and diseases which doctors had specified as being traceable, either directly or indirectly, to the wearing of materials which did not permit of the proper ventilation of the feet, and, consequently, created damp and clammy conditions.

Doctors condemned the present-day shape of footwear in general, and indulged in tilts against women's vanity in wearing unsuitable shoes simply because they were foshionable. One doctor advocated a legal standard of leather.

DOCTOR'S DYING THOUGHT FOR PATIENT.

While completing an operation in a hospital here recently, Dr. T. H. Williams, turned suddenly to Dr. R. M. Coston and gasped :

"Doctor ! Take care of my patient !"

Then he dropped dead. Dr. Coston completed the operation,—

International News Service.

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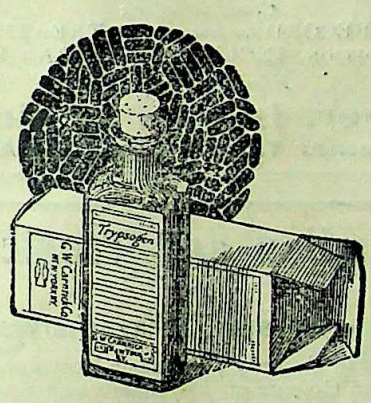
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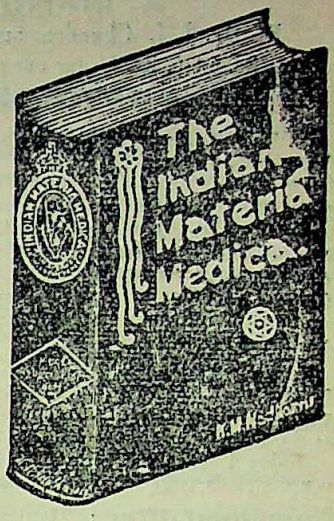
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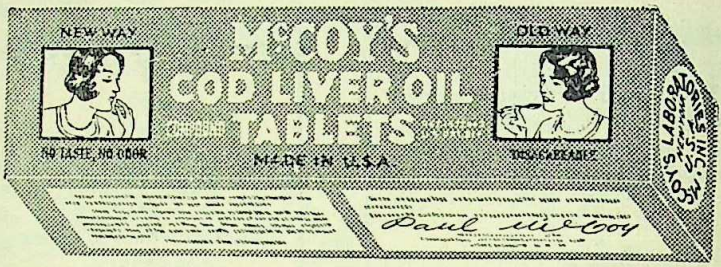
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Sleep for the Sleepless

Those to whom sleep will not come of itself must try to coax it.

Herein lies danger, warns a German physician, Dr. G. Zanker, writing on "Artificial Sleep" in the Illustrated Zeitung (Leipzig).

The day may come, he thinks, when insomnia will be conquered by drugless methods—by simple manipulations, or electric treatment.

He even mentions the theory of a Swedish specialist that sleep may be induced by a flow of hidden energy from doctor to patient, which he thinks some recent tests make probable, although it does not yet form part of orthodox therapeutics, says Dr. Zanker :

An old German proverb says : 'One hour of sleep is better than a slice of honey.'

"Of course, healthly sleep is a precious boon, appreciated best by those who have lost it.

"Insomnia has over and over again led to suicide.

"It is equally exhausting, whether it is found upon purely physical causes, or those of a nervous natue, or is due to mental suffering. Hence it has always beern the task of medical science to meet it with adequate measures, and substitute artificial sleep for those lacking natural one, whenever it is impossible to induce it in the normal way.

"Of course, the necessity for sleep itself is distinctly dependent upon the manner of living, the constitution, and the temperament of the individual, especially upon his age. Its curve glides steadily from birth down to old age, in which frequently only a few hours of relaxation suffice."

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CAUSES FOR INSOMNIA.

Since there are many causes for insomnia, its cure also calls for the most diversified forms of treatment, and frequently it requires the greatest medical skill to find the right one, the one that would do justice to the chief principle of all our actions : *Non nocere* "Do not inflict injury." The doctor continues :

"We all know how much evil has resulted from the misuse of soporific and anodyne drugs (I name only morphin, heroin, veronal and paraldehyde).

"And perhaps it is the task of the future to conquer insomnia through simple physical means, such as hydriatric applications and electricity, or better still, through mental treatment (psychic therapy), so that we may free ourselves from the chemical straitjacket. I have repeatedly had occasion to see how chronic insomnia, against which all medicine was helpless, yielded. The sleep thus obtained is usually much more refreshing and free from unpleasant collateral effects.

"In the future the psychic influenc of suggestion and hypnotism will probably be valued most highly. However, we must never mistake the latter after its 'rediscoverer,' the physician Mesmer.

"Dr. Alrutz, of Upsala, the Scandinavain scientist, much too prematurely deceased, claimed to have proved through 'unwitting experiments—in which, owing to a subtle technique, every possibility of suggestive thought-transference between him and the person upon whom he experimented, a highly educated German lady, was out of the question—the existence of fluid emanating from human beings, perhaps the same as the 'od' of Reichenbach. This fluid is transferable to others ; it has the effect of alleviating pain and inducing sleep, in any case, always a beneficial one. The sound somnambulistic sleep, the trances and other related artificial forms of sleep also arise under its influence.

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"Officially, medical science still faces this statement skeptically, although the famous surgeon, Professor von Nussbaum, of Munich, has declared under oath that he is convinced of this force.

"However, what to-day research considers unaccountable, may to-morrow, through newly gained knowledge, be a legitimate process.

Adequate Sleep.

For a child to develop sturdily and to be mentally fit to make his way in life, sufficient sleep of the best quality is essental, says Dr. W, Arbuthnot Lane, in the London Daily Mail (Continental edition). To-day, he asserts, there are far too many children growing up into men and women of poor physique and stunted intelligence simply through lack of proper sleep.

Clearly, the responsibility for insuring that children get adequate sleep rests with parents, who should be fully acquainted with the actual number of hours required according to age. Says Dr. Lane :

"Babies, of course, should do little else than sleep and eat ; very young children, up to the age of six, should have at least fourteen hours of sleep. Older children, up to the age of twelve years, should have twelve hours, and above that age ten hours each night is sufficient.

"The time for going to bed is also important. Young children should be in bed by six in the evening, and by the time the child is eight the hour for bed should not be later than eight o'clock. Subsequently, a quarter of an hour should be allowed for every successive birthday, so that by the time the child is fourteen the time for bed will be nine-thirty. Parents should be rigorous in adhering to such a scale, and insist upon the proper bed-time.

"Every precaution should be taken to insure that the children's sleep will be sound and restful. Parents should show consideration and endeavour to prevent any unnecessary noise.

The bedroom must never be stuffy, nor the bed so cold that the child can not relax comfortably. Provided there are sufficient warm coverings, the windows should be open. Children should never be allowed to sleep with their heads covered by bedclothes or with their heads buried in pillows."

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Original Articles

NAMES OF FOUR PLANTS USED IN SNAKE BITE

BY

DR. EKENDRA NATH GHOSH, M. Sc., M. D.

Professor of Zoology, Calcutta Medical College.

Specimens of four shrubby plants were brought to me by some gentleman which are used by the hill-tribes of the Himalayas as cure for snake-bite.

I. Viola patrinii D. C.

II. Sida rhombifolia Linn. It is called *Lal Berela* in Bengali and *Ativala* in Sanskrit.

III. Hypoxis aurea Lour.

These plants are made into a paste and applied to the puncture.

IV. Gerbera macrophylla Berth.

The plant is to be boiled down to the colour of tea and to be drunk. The actual quantity of the drug to be used was not given to me.

STAMMERERS CURED

Two "Hopeless Cases" who Won Elocution Prizes After L. C. C. Tuition

The London County Council is prepared to open, in September, more evening classes for stammerers if there is sufficient demand.

Such classes have been held at the Hugh Myddleton Evening Institute, Clerkenwell.

One man, who threatened suicide because he stammered so badly, has been completely cured and has obtained good employment, while two young men who had been considered hopeless stammerers won prizes for elocution.

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TRIDOSH THEORY OF AYURVEDA

BY

B. V. DEGWEKER M.A., M.Sc., LL.D.

JUBBULPUR.

(Continued from our last issue).

That this gastric juice is mostly watery and therefore helps to moisten or liquify the food (क्लेदन) is proved by the fact that—

"The effect of the sham feeding was a reflex and abundant flow of gastric juice, which commenced five minutes after (अन्नस्य भुक्तमात्रस्य) the beginning of the meal. *If water, milk or soup was given instead of meat, no such secretion occurred.*" This clearly shows that, since in the case of water, milk or soup the amount taken is already liquid (क्लेदित) there is no necessity of Kledan, and hence no Kledak kapha is secreted.

What more proofs are needed to establish that the gastric juice is the Kledak kapha? It is evident from the above comparative statements that the words उदीरयति, उदीर्यते, ईरयेत् etc. have been used with thorough significance by the authors, meaning thereby that the particular substance is naturally secreted in that particular place, as soon as the food is taken in (भुक्तमात्रस्य). This leads one to infer rightly that the Rishis must have observed the phenomenon by actual experiments on living beings. Charakacharya has thus rightly instructed that :

शरीरसंख्यां यो वेद सर्वावयवज्ञो भिषक्। तदज्ञाननिमित्तेन संमोहेन न युज्यते।

अमूढो मोहमूलैश्च न दोषैरभिभूयते। निर्दोषो निस्पृहः शांतः प्रशाम्यत्यपुनर्भवः।

As stated above, the process of the miostening of the food starts profusely in the stomach, but it begins from the time the food is taken in the mouth." The saliva is the first digestive juice to come into contact with the food." Here it should be remembered that all the juices and secretions that are obtained in the alimentary canal help digestion in one way or the other, and therefore they are called digestive juices. Even Kledana *i.e.* dilution helps digestion and so they may all be called digestive in this wide sense.

"The saliva is transparent, slightly opalescent, of slimy consistency, and may contain lumps of pure mucin. On standing,

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it becomes cloudy owing to the precipitate of calcium carbonate, the carbonic acid which held it in solution as bicarbonate escaping. 'The gastric juice is clear and colorless. It has a specific gravity of 1003 to 1006. It contains. 2 p.c. of Hydrochloric acid. When the juice remains in the stomach, this is in part neutralised by the food and saliva, and also by pancreatic juice which enters the stomach from the duodenum". Thus the mixture of saliva and gastric juice is what we call Kledak Kapha.

Does not the above description tally exactly with—

स्निग्धः शीतो गुरुर्मंदः श्लक्ष्णो सतस्नः स्थिरः कफः।

"The action of saliva is twofold, physical and chemical. (1) The physical use of saliva consists in moistening the mucus membrane of the mouth, assisting the solution of soluble substances in the food, *and in virtue of its mucin, lubricating of the bolus of food to facilitate swallowing.* (2) The chemical action of saliva is due to its chemical principle ptyaline."

It is, thus, evident that from the time the food is taken in until it has reached the stomach and begins to enter the duodenum, the physical process of moistening (क्लेदन) goes on, which is most abundant in the stomach due to the secretion of gastric juice therein. Hence the principal Kapha secretion, which, according to the Ayurvedists, is obtained in the Urdhwa part of the Mahasrota, helps the digestion of food by being mixed up with it uniformly, and by thus diluting the food it facilitates the action of strong acids which mix with it further on in the duodenum.

PITTA SECRETION.

Having thus passed out of the Amashaya, the food then, reaches the Pakw-amashaya-madhya (duodenum). Here it is in the पच्यमान stage, because the gastric juice therein, although it contains more of water, does still contain a small quantity of Hcl. This causes the digestion to start, and as there is acidity (Amlatwa) in it due to the existence of Hcl, the food, which was Madhura so far becomes slightly Amla.

Now, in the duodenum, this food comes in contact with another liquid called पाचकपित्त by Ayurvedists, and this liquid also, like the gastric juice flows spontaneously in the duodenum as soon as the food reaches that place. Charakacharya, therefore, says

परंतु पच्यमानस्य विदग्धस्याम्लभावतः। आशयाच्चावमानस्य पित्तमूष्मसमीर्यते।

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Here again the use of the word Udiryate clearly shows that this liquid also is a secretion, which mixes with the food, while it comes down from the stomach (आशयाच्चयत्समानस्य). The nature of this Pitta has been very elegantly described by Wagbhat in both of his works thus :—

पित्तं पंचात्मकं तत्र पक्वामाशयमध्यगं। पंचभूतात्मकत्वेऽपि यत्तैजसगुणोदयात्।
त्यक्तद्रवत्वं पाकादिकर्मणाऽनलशब्दितं। पचत्यन्नं विभजते सारकिट्टौ पृथक्कथा।
तत्रस्थमेव शेषाणां पित्तानामप्यनुग्रहं। करोति बलदानेन पाचकं नाम तत्स्मृतं।

or as in Vridha-Wagbhat

तत्र यदामपक्वाशयमध्यस्थं पंचमहाभूतात्मकत्वेऽपि तेजोगुणोत्कर्षात्पचितसोमगुणं ततश्च त्यक्तद्रवस्वभावं सहकारिकारणैर्वायुक्लेदादिभिरनुग्रहादृदहनपचनादिक्रियया लब्धाग्निशब्दं पित्तमन्नं पचति सारकिट्टौ विभजति, शेषाणि च पित्तस्थानानि तत्रस्थमेवानुगृह्णाति तत्पाचकमित्युच्यते।

Let us now consider the nature of this Pitta as described above

(1) First of all it is Panchatmak *i.e.* Pancha-mahabhutatmak, in other words it is also a substance, matter or Dravya, an existing entity like so many other Rasaraktadi substances in the body, and not merely a Shakti or Sukshma Pitta as some of the famous writers on the subject have said.

(2) Secondly, the place where it is secreted is Pakwamashaya-madhya *i.e.* the small portion of the alimentary canal joining the stomach and the instestines, which is in fact a part of the intestines themselves and is known as duodenum in the modern treatises on anatomy.

(3) Thirdly, it is liquid, Drava ; but owing to the predominance (उदय or उत्कर्ष) in it of the तैजसगुण *i.e.* the heat producing element, the effect, which it would produce on any substance on account of its liquidity or excess of water (सोमगुण) is suppressed (चपित) and thus it looses its द्रवस्वभाव. We can understand the nature of this Pitta with reference to a semidiluted acid like Hcl or Sulphuric. If we take a few drops of water, and pour them on a metallic plate or a lump of sugar candy, it will have practically no effect on the plate, and would simply dissolve the piece of sugar-candy turning it into a liquid solution of sugar. Here the water is a liquid (द्रव), and as it has not given up its (द्रवस्वभाव), it combines with the sugarcandy, and dissolves it still maintaining its द्रवस्वभाव. Now supposing that we mix with that water a small quantity say 1/50th part of strong Hcl, even then the mixture maintains its liquid appearance (द्रवत्व), but its (स्वभाव)

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character is changed. It no longer has no action on the metallic plate ; but on the contrary, acts chemically on it, at once converting a part of it into some salt, and thus dissolving or digesting that part of it.

So also this acid mixture no longer simply dissolves the sugar-candy, but chars and burns each and every particle of the candy which comes into contact with it, and thus by chemical action reduces it to charcoal. Thus the mixture, though still maintaining liquid appearance, has abandoned its liquid character (त्यक्तद्रवस्वभाव) because of the suppression of the simple solubility of water (क्षपितसौम्यगुणं) owing to the increase of heat producing element in it (तेजोगुणोत्कर्षात्) and this change in the state of water is due to the addition of acid in it.

(4) Fourthly, this Pachak Pitta is termed Agni simply from analogy. Just as a mixture of rice and water put in a vessel on fire would reduce the rice to a cooked and assimilable food for the human system, so also this Pitta, when it gets mixed with the food that comes down from the stomach, digests it and reduces it to assimilable chyle (रसधातु) which in its turn changes itself into blood, and thus nourishes the whole human system. Charak, therefore, says :—

एवं रसमलाद्यान्नमाशयस्थमधःस्थितः । पचत्यग्निर्यथास्थाल्यासौदनाद्यांवुतंडुलम् ।

But it is not this Pitta alone which does the whole work of digestion.

(a) First of all, as stated above, the gastric juice which mixes up with the food in the stomach does the work of liquifying the food (क्लेदन) and this process is also an additional helping factor (सहकारिकारण) in digestion.

(b) Then, secondly, when the food goes further in the intestines, the process of absorbtion of chyle through lacteals starts there, and as a result of this, gases are produced, the most abundant among them being Carbon dioxide. This gas, as will be shown later, is readily absorbed by the nerves, which in their turn are stimulated due to this absorbtion. This stimulation then increases the quantity of Pitta secreted. In this way this Vayu or gas becomes a helping hand (सहकारिकारण) for digestion. Wagbhat therefore says :—

सहकारिकारणैर्वायुक्लेदादिभिरनुग्रहाद्दहनपचनादि क्रियया लब्धाग्निशब्दं ।

It is thus that this Pachak Pitta digests the food (पचत्यन्न) converts it into a mixture of two substances, one of them being

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the essential part (Sara) which is chyle, and the other the waste product (Kitta). Thus this Pitta is said to विभजते सारकिट्टौ पृथक्कृतया।

(5) Fifthly and lastly, as this Pachak Pitta mixes with the food and is absorbed along with the chyle, and residual secretion which remains in addition to what has been already used up in the process passes on to the blood, and thereby nourishes all other Pitta secretions in the body. शेषाणां पित्तानां बलदानेनानुग्रहं करोति। This is just similar to the nourishment of the different Kapha secretions by means of the Kledak Kapha of the stomach.

That the duodenum is the place where Pachak Pitta is secreted, that this is the main spring for all other secretions of the Pitta class of the body is also proved by the following statement in Charak.

विरेचनं तु सर्वोपक्रमेभ्यः पित्ते प्रधानतमं मन्यंते भिषजः। तद्धि आदितएवामाशयमनुप्रविश्य केवलं वैकारिकं पित्तमूलंचाप्रकर्षति। तदापन्नित्ते पित्तेऽपि शरीरांतगताः पित्तविकाराः प्रशांतिमापद्यंते यथाऽग्नौव्यपोढे केवलमग्निगृहस्य शीतो भवति तद्वत्।

Amongst the remedies prescribed for treating the abnormal increase in Pitta secretion, the best one is a purgative, because as soon as it reaches the duodenum, it removes the excessive Pitta substance itself. This Pitta is said to be (the Mula) the root cause, because as stated above, it nourishes all other Pitta secretions in the body. As the root cause is thus removed,,all other diseases in any part of the body caused on account of abnormal Pitta secretions disappear, just as if you extinguish the fire, a whole house which is in flames becomes at once cold.

From the above discussion, it is evident that according to Ayurvedists Pitta is an actual substance, which flows spontaneously into the duodenum when the food reaches there. Let us now see what this substance is according to modern Physiology.

Physiology tells us that there are two glands, liver and pancreas, the former 'situated in the abdomen on the right side, is the largest gland in the body,' while the latter is situated in the back. Both these glands produce secretions, that of the liver being known as bile, while that of the pancreas as pancreatic juice. "Bile is the secretion of the liver which is poured into the duodenum. It is being continuously poured into the intestine, *but there is an increased discharge emmediately on the arrival of food in the duodenum* (इदीर्यते). There is a second increase in the secretion a few hours later after the arrival of semi-digested food (chyme) in the intestines. This increase appears to be due

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to the effect of the digestive products carried by the blood to the liver stimulating the hepatic cells to activity. This is supported by the fact that protied food increases the quantity of bile secreted whereas fatty food which is absorbed not by the portal vien but by the lacteals has no such effect." This proves the general theorem that सर्वदा सर्वभावानां वृद्धि सामान्यं कारणं। "Bile has little or no action by itself, but combined with pancreatic juice, it assists the latter in all its activities. This is true for the digestion of starch and of protein, but markedly so for the digestion of fat. Some state that bile has a slight action on fats and carbohydrates ; but it appears to be rather a co-adjutor to the pancreatic juice especially in the digestion of fat than to have any independent digestive activity."

These statements clearly show that the secretions of bile and pancreatic juice together are responsible for disgestion, and this combined juice which is poured in the duodenum is therefore Pachakpitta. Halliburton says :—"Bile is a yellowish, reddish-brown or green fluid, according to the relative preponderence of its two chief pigments. It has a musk-like odour, a bitter sweet taste, and a neutral or faintly alkaline reaction." If we compare this description with ओष्णतेक्ष्ण्यंलाघवंसनतिक्तंद्रवंवर्णंशुक्लारुणवर्जंगंधंविस्रोरसोचकटुकास्रोपित्तस्यरूपाणि we find that here the color of the Pitta has been described as other than white (Shukla), and red (Aruna), and Halliburton tells us that the color of bile is yellow, reddish brown or green which is exactly what Charak says ; its taste is bitter sweet, so also here कटुकास्रो ; the odour is musk like विस्र ; like that of a dead rat. All this clearly shows that the two descriptions agree in every respect. It has to be remembered that the Rishis have attempted at their description some 3000 years ago, and therefore some slight discrepancies are likely to occur but one has to make allowance for them.

In this connection I would like to state one important fact which agrees with the Ayurvedic tenets viz. that each secretion that gets mixed with the food causes nearly a similar secretion to be produced as the digestive process goes on further.

Halliburton says :—' The importance of the work of Parlow... arises from the entirely new light thrown upon the digestive process as a whole. We have been too apt to think of the occurrence in the alimentary canal as a series of isolated phenomenon. We now see that each step follows in an orderly manner

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as the result of previous steps. For example, the acid gastric juice reaches the intestines and there produces secretin from its forerunners, the secretin is taken by the blood stream to the pancreas, where it excites a flow of the pancreatic juice, the juice arrives in the duodenum ready to act on starchy substances and fat. With the assistance of the bile, fatty acid is liberated which in its turn forms more secretin and so in turn more pancreatic juice."

Charakacharya has, therefore, clearly stated that :—

परस्परोपसंस्तंभा धातुस्नेहपरंपरा। संतत्याभोज्यधातूनां परिवृत्तिस्तु चक्रवत्।

Having thus proved that what is called Pachakpitta in Ayurveda is nothing else but the combination of bile and pancreatic juice secretions we now proceed further down the alimentary canal towards the intestines and study the nature of the third Dosha Wata.

Wata substance.

The food which is so far mixed with saliva and gastric juice, and then with the bile and pancreatic juice, now reaches the intestines. "The small intestine, with its folds and villi to increase its surface is the great place for absorption. The superficial area of the small intestine, if it were flat, is about 1. 5 square meters. This by the presesence of the villi is increased to about 42 square meters. Absorption begins in the duodenum, and the products of digestion have largely disappeared by the time the intestinal contents have reached the commencement of the large intestines."

The increase of surface in the intestines is meant to allow the digested food to remain in contact with their inner surface for a pretty long time, so that the chyle (Rasadhatu), which is to be separated and absorbed by means of the "blood vessels and lymphatic vessels and lacteals" may be completely extracted from it. The Rasadhatu being a somewhat thick liquid substance, the original semi-liquid form of the digested food is changed here, and the mass goes on becoming more and more solid as it proceeds along the average 22 feet length of the intestine. The process of absorption has been metaphorically said to be due to Agni by Ayurvedists. Just as a wet cloth gets dry in sunshine, because the sun's rays absorb the water in the cloth, so also here the process of absorption of chyle is said to be due to Pitta or Agni. The separation of the Sara and Kitta *i.e.* the essential and non-essential viz. chyle and excreta, is stated to be due to Pachakpitta above.

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पचत्यन्नं विभजते सारकिट्टौ पृथक्कथा।

Thus as the food reaches the intestines, and as the chyle is absorbed there, a third substance termed as Wayu, which is the product of a chemical action between the digestive juices and the food is produced there.

पक्वाशयं तु प्राप्तस्य शोष्यमाणस्य वन्हिना। परिपिंडितपक्वस्य वायुः स्यात्कटुसावतः।

Before I proceed further, it is advisable to find out and discuss the chemical actions which the digestive juices along with the bacteria in the intestines produce on the food eaten. Halliburton says :—

"The carbo-hydrate are found chiefly in vegetable tissues and many of them form important foods. The most important of these are starch, glucose and lactose or milk-sugar. Maltose is the chief sugar formed from the starch by the diastic enzymes contained in the *saliva and pancreatic juice*. This starch is widely diffused through the vegitable kingdom. By means of the inverting enzymes such as occur in the *intestinal juice*, maltose is converted into Glucose. An important property of gluose is that under the influence of yeast, it is converted into ethyl alchohal and carbonic acid.

$$C_6H_{12}O_6 = 2C_2H_6O + 2CO_2$$

Glucose is found in may fruits, honey and in minute quantities in the blood and numerous tissues, organs and fluids of the body. Lactose or milk-sugar occurs in milk. By means of inverting enzymes such as occurring in the intestinal juice, it takes up water, and splits into equal parts of glucose and fructose.

$$C_{12}H_{22}O_{11} + H_2O = C_6H_{12}O_6 + C_6H_{12}O_6$$

The most frequent fermentation which the bacteria in the intestines set up on carbo-hydrates, is the lactic acid fermentation. This may go on further and result in the formation of carbonic acid, hydrogen and butyric acid. The two stages of the lactic acid fermentation are as follows :—

(1) $C_{12}H_{22}O_{11}$ (lactose) $+ H_2O = 4C_3H_6O_3$ (lactic acid)

(2) $4C_3H_6O_3$ (lactic acid) $= 2C_4H_8O_2$ (butyric acid) $+ 4CO_2 + H_2$

(To be continued.)

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FEVER IN AYURVEDA

BY

ASHUTOSH ROY, L.M.S.

Hazaribagh.

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(Continued from our last issue.)

(11) *Cooling application to relieve burning of skin and other parts of the body*

Dahaharajoga (relieves burning)

The patient is laid on his back and a small pot full of cold water is put on his umbilicus. This cools the solar plexus (surjya mandal), the great Pitta-producing centre of the body and relieves burning and Pitta.

A piece of cloth soaked in "Kanji" (fermented rice water) is applied over the part of the body which has a burning sensation.

Palaspatradi-prolepa

Palas leaf (leaf of Butea frondosa)
Nim leaf or Plum leaf
arccanut paste

The above are pasted with "Kanji" (fermented rice water) and applied to relieve burning of the skin.

For *cooling of the head*, indicated says Sushrut when the Eyes are red, when the head is moved to and fro with delirium due to "Pitta" excitation.

Bidaryadi-prolepa

Bhui-kumra (Ipomœa Digitata)
Pomegranate bark
Lodhra (Symplocos racemosa)
Wood apple
Citrus acida

The above is pasted in cold water and applied to the head.

Dhatri-prolepa

Amla (Embelic myrobalum)—fried, pasted in "Kanji" and applied on the head.

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Kalayadi-prolepa

Wood of Kalika
Red Sandal wood
Hemidesmis
Liquorice
Inside of Seed of plum

The above are pasted in "Kanji" to which is mixed "ghee" (clarified butter), washed a hundred times in water (very cooling), and applied to the head.

(*12*) *Abaleha and Kabal to check Pitta*

Chebulic myrobalum (Haritaki) pasted with honey is applied as "abaleha" (licking slowly by the tongue) in ulcer of mouth, lip, tongue and adjacent parts caused by Pitta. C. myrobalum with catechu or alone is good in pyorrhoea also.

Paste of Raisins dried with Amloki (Embelic myrobalum) or Paste of seed of ripe pomegranate or paste of coriandar is to be used as "Kabal" (placed inside the mouth like a lozenze) is good in mouth troubles, the result of "Pitta".

(*13*) *Food in Niram Stage of pitta fever*

In "Pitta" fever with severe burning and thirst give Khai manda or Laja paya (Paddy fried mixed with water and strained, the fluid is given only).

In Niram stage, after fever is off, give soup of mug ka dal (phaseolus mungo), then rice with mug soup and sugar

Various Medicated rice gruel, barley gruel etc. are recommended in pitta fevers according to indications.

Thus if *due to excess of pitta there is diarrhœa* Cold lajapaya (khai manda) with honey and dried ginger or coriandar is to be given.

If *severe diarrhœa in Niram stage* give rice gruel with

Chakulia (Uraria Lagopodisdes) } Astringent
Berela (Sida cordifolia) }
Bael (ægle marmelos)
Nilotpal (Nymphosa stellata) cooling
Coriandar } Carminative
Dried ginger }
Pomegranate juice to make the rice gruel little acid.

If *mucous stool in Niram stage* give rice gruel with

Mutha (cyperus Rotundus)
Katki (Picorrhiza kurrooa)

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Indrajava (seed of H. antidysentrica)
Honey

If *constipation with pain in rectum* (vayu-pitta) give rice gruel medicated with

the 3 carminatives
Choi (Piper chava)
Pipul (Long Pepper)
Sunth (Dried ginger)
and two laxatives
Dried Raisins
and astringent
Amloki (Embelic myrobalum)

If perspiration is absent, sleep is disturbed and thirst is present due to deranged Pitta, give rice gruel medicated with

Dried ginger
Amloki (Embelic myrobalum)
Sugar.

NOTE—The use of Chireta in pitta fever.

In the shyma stage of pitta fever, to bring the Niram stage early, chireta, which corrects the Liver and is a mild febrifuge is given in combinations like

Duralavadi kwath
Triyomanadi kwath.

But the chief use of Chiretta or antifebrile "adjuvant" is found in many combinations mixed with other antifebrile drugs in "pitta fever" as follows :

(1) With Khetpapra and Katki in Duralavadi Kwath
(2) With Khetpapra and Gulancha in
Kiratadi-Kwath
Guduchyadi-Kwath
3) With Gulancha and aconite in
Bhunimbyadi-Kwath
(4) With Khetpapra, Gulancha and Katki in
Mahadrakhyadi-Kwath.

(3) *Kapha-fever*—Bronchitis etc.

It appears that there are no specific antifebrile drugs to check "Kapha fever." The other febrifuges which we have already discussed under the headings of Vayu and Pitta fevers are used as febrifuges in "Kapha" fevers also *e.g.*

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Khetpapra (oldendalia corymbosa)
Gulaneha (Tinospora cordifolia)
Nim (melia azadirachta)
Aconite
Katki (Picorrhiza kurrooa)

According to indications (involvement of associated Vayu and Pitta).

We have already stated that in "Kapha" fever the "Vayu" is depressed. "Kapha" and "Pitta" are complementary while antagonistic to each other. The physiological congestion of any glandular structure induced by "Pitta" is relieved by secretion induced by "Kapha." When therefore "Kapha" is excited by the fever toxin, secretions are reduced and congestion is aggravated pathologically, in absence of secretion. All pathological congestions in any part of the body is the result of "Kapha" irritation. As soon as this irritation subsides secretions begin.

It may be reasonably asked why "Kapha" which helps secretion and excretion (thereby relieving physiological congestion), when pathologically irritated induces pathological congestion.

As soon as fever toxin primarily upsets "Kapha," the secretions and excretions stop. The Vayu which keeps up the equilibrium of Pitta and Kapha, to check excess of Kapha, stimulates only the pitta. This pitta irritation aggravates further the congestion of glandular organs.

The question may be asked how are we to distinguish congestion induced by primary irritation of Pitta with that induced by primary irritation of Kapha. Pitta patient is restless, excited, with high temperature and very quick pulse. Kapha patient is dull and depressed, quiet, with moderate temperature and slow pulse (not corresponding to the temperature). Typhoid should therefore be considered in the first week as Vayu-Kapha variety of Sannipat fever (Bata-Kapholyan Sannipat.)

Every case of fever passes through the various stages of Vayu, Pitta and Kapha, though one of the doshas may be primarily deranged inducing Vayu fever, Pitta fever or Kapha fever respectively presenting at the outset certain distinguishing symptoms. With the primary derangement of one dosh by the fever toxin, the other doshes are irritated or depressed as the case may be. If the doshic equilibrium is established, cure is rapid (as in simple short continued fevers). If the doshic equilibrium is not readily

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established more complications arise and fever is more prolonged (complicated long continued fevers).

As "Kapha" irritation is associated with depression of the Nervous system and as there is no specific vegetable febrifuge to check Kapha fever germs and their toxins, Kapha variety of fever has longer duration than pitta or vayu variety.

The treatment of 'Kapha" fever by the old School was thus purely symptomatic. As "Kapha" fever toxin often attacks the chest and induces inflammation of the various structures of the Lungs, in the Niram stage there may be scanty expectoration when expectorants like Vasak, Kantikari are given ; on the other hand when expectoration is profuse, mild emetics mechanically remove the excess of mucous as Nishinda (Vitex Negundo) or astringents to reduce the expectoration like Kakra Sringhi, Devdaru etc.

Another peculiarity of "Kapha" combinations are that they contain some bitter stomachic and carminative *e.g.* Trikatu (the three bitters Black Pepper, Long pepper and dried ginger). The Kapha fever toxin depresses the digestive apparatus and induces anorexia, nausea and vomiting. The deranged chyle in kapha fever takes longer time to be corrected by Nature. It may be noted that kapha fever patients as a rule bear fasting better.

We have already noted that in the Niram stage to re-establish the "doshic" equilibrium by correcting the deranged "Kapha" "Salpa-panchamul" decoction acts as specific.

Another point to note is that the Ayurvedists use more astringent to dry up the mucous and prevent its formation in the chest. True expectorants are not much used. As a result, the phlegm gets dry and cough of the dry hacking variety is induced when anti-spasmodics are given. Their idea seems to be that more expectoration means more waste which should be avoided. This line of treatment is no doubt rational in the inflammatory stage of Pneumonia and in Phthisis but not in Bronchitis.

All the Ayurvedic procedures in kapha diseases of the chest are heating *e.g.* drug and diet. Warm drinks are advised, no cold application to the head ; bitter, pungent and astringents are prescribed ; no soothing food like milk or sugar is advised.

Analysis of prescriptions in Kapha Fever.

Group (1) *Prescriptions containing Nishinda (Vitex Negundo)* which is useful to relieve heaviness of head, pungent,

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astringent, bitter. It is thus useful in the Shyam stage of Kapha and Vayu-Kapha fever.

Sindhubar Kwath—Juice of leaves of "Nishinda" is given with Long pepper—pungent carminative.

Similar preparations are the juice of "Nishinda" mixed with "Trikatu" (3 pungent bitters—the two peppers and dried ginger), white mustard with fresh ginger juice.

(2) Prescriptions containing Gulancha and Khetpapra.

Basadi Kwath—It contains besides Gulancha and Khetpapra

Vasak (Adhatoda vesica)—Expectorant

Kantikari (Solanum xanthocarpum)—Expectorant, diuretic, antispasmodic

It is an expectorant antifebrile mixture in Kapha fever like Bronchitis in the Niram Stage.

(3) *Prescriptions containing Gulancha and katki*

Triphaladi kwath—It contains besides Gulancha and katki the three myrobalums (Triphala)—Laxative

Boch (Acorus calamus)—carminative.

It is useful in kapha fever with constipation.

An allied prescription which contains the ingredients of the above combination plus

Vasak—expectorant

Palta (Leaf of Tricosanthus Dioica)—antibilious.

It is indicated as above.

(4) *Prescriptions containing Gulancha and Nim*

Ayurved believes that Gulancha and Nim when combined increases the efficacy of the former. The creeper Gulancha is made to climb on Nim tree and such Gulancha is more highly prized.

Nimbyadi-kwath—It contains besides Nim and Gulancha

Sathi (curcuma zedoaria)—antifebrile diuretic

Dried Ginger
Long Pepper
Gajapippali (scindapses officinalis) } —carminative

Devadaru (cedrus deodara)
Brihati (Solanum Indicum) } —Diuretic expetorant

Chireta—antibilious, antifebrile, bitter

Kur (aplotaxis auriculata)—stimulant, aromatic

NOTE—To the above are sometimes added

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Kantikari (Solanum xanthocarpum)—diuretic, expectorant in place of Brihati.

It removes the toxin of "Kapha" fever through the lung and kidneys.

(5) *Prescriptions containing Nim.*

Marichyadi-Kwath—It contains besides Nim

Ptychotis ajowan
Boch (acorus calamus)
Lalchitra (Phembago Rosea)
Trikatu (the three bitters)
Kalajira (Nigella sativa)
} —carminatives

Kur (aplotaxis auriculata)—aromatic, stimulant
Mutha (cyprus Rotundus)—Diaphoretic and diuretic
Haritoki (C. myrobalum)—Laxative
Jatamansi (Nordostachys Jatamansi)—antispasmodic
Katphal (myrica sapida)—astringent
Kantikari (S. xanthocarpum)—antispasmodic, expectorant
Kakra Sringi (Rhus succidema)—astringent.

It allays Kapha fever with heaviness of head, cough, anorexia, Nausea etc.

(6) *Prescriptions containing Aconite, Nim and Katki*

Pipplyadi Gan or Kanadigan—It contains besides the above

Chita (Root of Plumbago zeylanica)—astringent
Indrajab (seed of Holarrhœna antidysentrica)—astringent
Aknadi (cissampelos Hexandra)—diuretic, antispasmodic, expectorant
Murba (sausevieria zeylanica)—Laxative
Assafœtida—antiseptic, Nerve sedative

and the following carminatives—

The three peppers, dried ginger, cardamon, Ptychotis Remeka (Piper aurantium), caraway, white mustard, Vidanga (Embelia Ribes)

Indicated in Kapha fever with mucous diarrhœa.

Katukadi Kwath—It contains besides Aconite, Nim and Katki

Halud (Turmeric)—antiseptic, carminative
Black pepper
Boch (acorus calamus)
} —carminative
Chitra (root of P. zeylanica)—stimulant
Kur (aplotaxis auriculata)—aromatic

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Indrajav (seed of Holarrhoena antidysentrica)—astrigent
Leaves of Patole (Tricosanthus Dioica)—antibilious, laxative
Murba (sausaria zeylanica)—Laxative.

Indicated in Kapha fever with diarrhœa and mucus.

(7) *Symptomatic prescriptions*

(a) Good in kapha—Pulv. pepper and honey licked with the tongue or Pulv. pepper, Triphala (myrobalums), ghee and honey

(b) Expectorant and re-establishes doshic equilibrium in kapha and vayu kapha fever
decoction of "dasamul" (the ten roots) with vasak and honey.

(c) Laxative, Expectorant

Batsakadigan-kwath

Vasak—(A. vesica)—expectorant
Nagar Mutha (C. scarissus)—Diaphoretic
Dried ginger (Sunth)—carminative
Duralava (A. maurorum)—Laxative, expectorant.

(d) Astringent and Sedative
Ptychotis ajowan
Pepper
Vasak
Pappy capsule

(e) Appetizer and Nervine sedative
Java kshar (Pot. Bicarb)
Taba Nebu (citrus acida)
Long Pepper and dried ginger—carminative
Brahmi (Herpestis monniera)—Nervine sedative

(f) Laxative
Triphala (3 myrobalums) mixed with
Long pepper
Ghee (clarified butter)

Amlokyadi-kwath

Amloki and Haritoki (C. and E. myrobalums)
Root of chitra and Long Pepper

Mustyadi-kwath

Mutha (C. Rotundus)—Diaphoretic and diuretic
Indrajava (seed of Holarrhœna antidysentrica)—astrigent
Triphala (3 myrobalums)—Laxatives

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Katki (Picorrhiza Kurrooa)—antispasmodic
Phalsa (Grewia Asiatica)—acid.

(8) *Solid exatrct (Abalepa i.e. licked by the tongue)*

Chaturbhadra Abaleha

Katphal (myrica sapida)—aromatic, astringent
Kur (aplotaxis auriculata)—stimulant, astringent
Kakra sringhi (Rhus succidenea)—astringent
Long Pepper
to be mixed with honey

Astanga Abaleha

Katphal (myrica Sapida)—aromatic, astringent
Kur (aplotaxis auriculata) stimulant, astringent
Kakra Sringi (Rhus succidanea) astringent
Ptychotis
Trikatu (3 bitters) } carminative
made up with honey or ginger juice

Food in Niram stage of Kapha fever

Medicated laja (khai) paya as appetizer
mixed with Rock salt and acid pomegranate juice
or with dried ginger and Long Pepper

Medicated java paya (Barley gruel)
if constipation—with Long Pepper and Embelic myrobalum
if after Vayu fever
with hacking Cough } with Brihat Panchamul

Madicated Rice gruel
if diarrhoea—with
Chakulia (Uraria Lagopoides)—alterative
Berela (Sida cordifolia)—astringent
Bael (oegle marmelos)
Nilotpal (Nymphoea Stellato) cooling
Coriandar and dried ginger—Carminatives
made up slight acid with Pomegranate juice.
If much spasmodic cough
with Salpa Panchamul,
if after Vayu kapha fever,
with Long Pepper and coriandar,
Then Rice and mug Soup.

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Treatment of Dwandaja fever

Here the two doshas out of three are simultaneously deranged. These are more complicated than fevers with one dosh deranged.

(i) *Vayu-pitta fever*

Give kwath (drug decoctions) on the 7th day (Niram stage)

The specific antifebrile drugs are Gulancha, Neem, Katki, Khetpapra with or without Chireta.

Analysis of prescriptions

(*1*) *Gulancha alone* unmixed with any other febrifuge

Nidhikadi-Kwath—It contains besides Gulancha

Kantikari (S. xanthocarpum)—antispasmodic, diuretic
Berela or Bala (sida cordifolia)—soothing
Rasna (Acampe papillosa)—Anodyne
Bala Dumur (Ficus Hetrophyla)—carminative, Laxative
Shyama lata (Ichnocarpus Frutossence)—alterative
Masur dal (vicia Leus)—nutritive

It is indicated in the inflammatory stage of rheumatic fever.

(*2*) *Gulancha combined with Neem*

Guduchyadi kwath—contains besides Gulancha and Neem

Red sandalwood—Bitter, aromatic
Padam Kasta (Prunus Padam)—aromatic
Corindar—carminative

It is aromatic, carminative, antifebrile in vayu-pitta fever, relieves thirst, vomiting, burning and anorexia.

(*3*) *Gulancha combined with Chireta*

Kiratadi-kwath—contains besides Gulancha and chireta

Embelic myrobalum
Dried Raisins } —Laxative

Mixed with treacle.

(*4*) *Gulancha combined with Khetpapra and Chireta*

Panchabhadra-kwath—contains besides the above—

Mutha (C. Rotundus)—diuretic and diaphoretic
Dried ginger (sunth)—carminative

Indicated in fever, burning and shivering (malarial continued) and other varieties of Vayu-pitta fever.

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(5) *Gulancha combined with Khetpapra*

Guduchyadi-sarsa—contains besides the above two

Thalkuri (Hydrocotile Asiatica)—soothing, alterative
Hincha sag (enhydra fluctans)—Laxative
Palta (Leaf of Tricosanthus Dioica)—antibilious

Indicated in persistent Vayu-pitta fever with insufficient motion.

(6) *Gulancha and Katki combined*

Brihat Guduchyadi Kwath—contains besides Gulancha and Katki

Red Sandal Wood
Padam Kasta (Prunus Padam)
Bala (Pavonia odouretta) } —Fragrant

Indrajab (Seed of Holarrhoena antidysentrica)—specific, astringent, vermifuge, checks mucus
Aknadi (cissampelos Hexandra)—astringent
Dried Ginger
Coriandar } —carminative
Duralava (A. Maurorum)—Diuretic
Mutha (C. Rotundus)—Diaphoretic
Haritoki (C. myrobalum)
Sondal (Palv. of cassia fistula) } —Laxative

Indicated in Vayu-pitta fever with thirst, vomiting, burning, constipation. It is good in Bata-pittolyan (excess of vayu-pitta derangement), Sannipat also. (*To be continued.*)

Health and Hygiene

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THE INTERNAL BATH

By DR. BENEDICT LUST

(Nature's Path)

It is my firm-conviction that chronic constipation is the cause of more diseases than all other causes put together. It might be difficult to prove that 90 per cent of all human ills have their origin in the retention of poisonous material in the intestinal canal, but a long experience impels me to believe that the total percentage must be very close to the figure I have named.

The average human being considers that he has done his full duty towards nature and towards himself when he evacuates the contents of the lower bowel once a day, to the extent of four or five ounces of often

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excessively solid matter. He fails to take into consideration the fact that his total intake of solid material for the previous twenty-four hours may have amounted to several pounds.

Much of this material, particularly when taken in the form of meat, eggs, fish, cheese or other concentrated proteins, is capable of developing the most virulent toxic material known to man, if putrifactive fermentation is permitted to develop. The poisons developed by this putrifaction, brought about by the presence of heat and moisture in the smaller intestine, are the self-same poisons that are used by the Orinoko Indian for the purpose of poisoning the tips of his spear and arrow heads. So deadly are these organic poisons—known to science as indol, skadol, xanthin and indoxyl—that their introduction into the blood stream from even the minutest scratch or prick of a pin is almost inevitably fatal.

In fact the only reason that the human race is not completely wiped out is because God, in His infinite wisdom, saw fit to place, within the walls of the intestine, certain cells that have the power of transforming most of these deadly poisons into relatively harmless ones, so that the severity of the toxic effect is very greatly mitigated.

However, the poison that do gain entrance into the blood stream by absorption through the little villi, or ducts in the intestinal wall, are sufficiently virulent and potent to cause a great multitude of disorders. The first line of defense of the body is undermined by their presence in the blood. For the defensive powers of the body, residing in the liver, and in the activity of the white corpuscle of the blood, are taxed to the utmost to neutralize and overcome these highly toxic substances.

The result is that the blood is poisoned by their presence. This in turn affects every one of the billions of cells of the body, each of which must find its source of nutriment in the blood stream, giving to the blood in turn, certain of its own used-up products to be carried away. When the blood is overladen by these adsorbed poisons, as well as by the poisons given off by dead or dying cells, the nerves are irritated, the vitality of the system is depleted, and a general lowering of the power of resistance is brought about.

This results in headaches, neuralgia, neuritis, rheumatism, lumbago, various forms of dyspepsia, and the tendency on the part of the individual to contract diseases of various kinds.

The effort to overcome this condition in the good old American way, which consists of giving copious quantities of laxatives on every provocation, has the effect of still further weakening the expulsive action of the intestines, so that a natural movement is almost unknown.

All laxatives contain more or less poison, that is substances which would become dangerous were they to enter the circulation in a concentrated form. An exhibition of the protective instinct of the body to

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attempt to eliminate these poisons from the system in the shortest possible time, so that their depressing activity on the cells of the body may be overcome, is evidenced by the expulsive action of the bowel. The solution of these poisonous or irritating substances in the fluid drawn through the intestinal wall is discharged, but ordinarily takes with it only a small part of the fecal material. This explains the presence of hardened feces on the walls of the instestinal canal.

Sometimes this substance is of the hardness of a piece of limestone, and, as may well be imagined, it is totally impervious to the passage of fluid through its substance. This is one chief reason why chronic constipation is one of the prime factors in the causation of anemia. The presence of hardened fecal material, clogging up the little ducts in the intesrinal wall prevents the absorption of the digestive food material into the circulation. The consequence is, the poor victim is continually undergoing a slow process of starvation. The blood is becoming more and more impoverished while at the same time the ability of the system to manufacture digestive material, and to convert food substances into their ultimate digestive pabulum, or nutrient material, is either inhibited or vastly decreased.

The patient is suffocated in his own excretions. At the same time he is being weakened and debilitated by the double process of starvation and poison.

The relief of this condition and the removal of its causes are the most important of all factors in connection with the maintenance of health. For the first, I would advocate the thorough cleansing of the intestinal canal. This can best be accomplished by the use of the internal bath, or by a series of "high irrigations" which are best produced in the following way :

The patient kneels upon the bed or upon the floor, and, keeping his hips high in the air, lowers the head as far as possible. The chest must be brought almost in contact with the floor, if this is practical.

As can readily be seen, this causes the bowel to gravitate forward into the upper gut, affording free entrance of the water into the upper colon. The nozzle of a two-quart fountain syringe, filled with warm water, is now introduced and water permitted to flow gently into the bowel. In this position from four to six pints of water can usually be injected without much inconvenience. If the enema is to be taken daily, four pints is usually enough.

If there is any impaction of fecal matter, in other words, if there are any hardened masses of excrement low down in the colon, it would be better to evacuate these by obeying the impulse to move the contents of the bowel when but a little of the solution will have run into the colon. Should there be some griping or nausea, or should the water flow too

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papidly from the syringe, the flow can be checked temporarily by pinching the tube between the thumb and finger, although, as a rule, when the water finds its way into the upper portions of the bowel the discomfort will cease.

The patient should remain in this crouching position for a brief period after injecting the full quantity of water, after which the entire contents may be evacuated. If the bowels are massaged—being always careful to massage from right to left in a sort of rotary motion—the hardened fecal material will tend to loosen more rapidly, and be carried away when the water and the accumulated bowel debris are eliminated.

Where the situation is serious, in other words, where the constipated condition has persisted for some time, I have found that the daily use of this high enema for a period of a week serves as a stimulus to awakening healthy activity, as well as removing mechanically from the bowel all this effete material that has been permitted to accumulate and poison the individual.

The second week the irrigation should be used every other night; the third week use only twice during the period of seven days; and after that a once a week irrigation, kept up for some time.

I do not believe in attempting to use the enema while in the siting position. For in this position, one must force the water up-hill, as it were. In that event it is quite probable that none of the water will get past the sigmoid flexure—or turn in the gut right above the colon. Furthermore, attempting to force the water in this position may result in an abnormal dilation of the rectum or lower bowel.

Many medical men advocate that the injection be taken with the patient lying on his right side. Again I contend that the water must force its way upward past the sigmoid flexure, and produce the same tendency to dilate the rectum. If the patient attempts to lie on the left side, the descending colon may be irrigated but the transverse colon is now made a perpendicular tube. So that neither it nor the ascending colon will be likely to receive much water. The knee-chest position, as I have described, I am sure will be found to be the most effective of all methods of proper irrigation.

If the patient is too weak to assume this knee-chest position on the floor or on the bed, he may lie upon the back, with the hips elevated about a foot higher than the head before attempting the injection. This is not quite as effective as the knee-chest position, but it is much more effective than taking the injection sitting up or lying on either side.

In addition to the injections I have described it will be necessary to eat plenty of fresh, ripe fruit and green vegetables, particularly those which are very low in their starch content.

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THE ALL INDIA INSTITUTE OF AYURVEDIC RESEARCH, COCANADA.

ORIGIN.

This All India Institute of Ayurvedic Research was founded by a unanimous resolution of the representative assembly of leading Ayurvedic Exhibitors from all parts of India, Burma and Ceylon, in the public session held on 28-12-31 in Mysore under the auspices of the 21st. Nikhila Bharata Ayurveda Mahamandali Conference and Exhibition, with the Exhibition President, Vaidyaratna Pandit P. Subbarao B. Sc. F. C. P. S. Bhishagacharya of Cocanada, in the Chair.

It was, at that time, proposed to form the Institute in Mysore and a working committee was formed from the Local Ayurvidists to prepare the scheme and working plans. But, later, as the said committee reported to the President their inability to carry out the work entrusted to them, it was resolved in a public meeting of leading ayurvedists of Cocanada on 17-7-31, with the concensus of the opinion of other Andhra leaders, to form and work the Institute at Cocanada, the place of the President and founder, and a strong working committee of the City Ayurvedists was formed with the Exhibition president Pandit Subbarao, as the Organizing and Managing Director. In support of the Institute it was resolved to revise the forgotten Dhanvantari Nidhi founded by Lord Siva, after Daksha Yajna Dhwamsa in yore.

Till the time, the Institute can live an independent existence, it was resolved to affiliate it to the Andhra Ayurveda Visvavidyalay, Cocanada.

MANAGEMENT.

The whole organizing and Management is vested in the Organizing and Managing Director, who will be assisted in all matters by the working committee consisting of :—

LOCAL

1. M. R. Ry. Ayurveda Nishnata Pandit Marla Narayana Sastry garu.
2. ,, Dr. Peddibhotla Seetharamayya garu B.A., M.B. research worker.
3. ,, Ayurveda Sastry Tangirala Venkata Subbarao garu.
4. ,, Ayurvedopadhyaya Goodapati Satyanarayana moorty garu.
5. ,, Rajavaidya Godavarti Seshayya garu.
6. ,, Ayurveda Sastry Paluri Subbarao Kavi garu.
7. ,, Raja Vaidya Nelakanti Sooryanarayana garu.

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8. M. R. Ry. Bhishagrantna Chakka Venkanna garu.
9. ,, Ayurveda Visarada Nelakanti Venkateswarlu garu.
10. ,, Raja Vaidya Koralla Raja Rao garu.
11. ,, Ayurveda Visarada Karra Apparao garu.
12. ,, Ayurveda Visarada Suthapalli Somaraju garu.
13. ,, Ayurveda Vaidya N. V. V. R. Kameswar Rao garu.
14. ,, Vaidyavatamsa Sarbada Sesahagiri Rao garu.
And non resident.
15. ,, Rasaratnakara Vaidy Sastry P. L. Narsimham garu, Vizagapatam.
16. ,, Vaidya Raja Dvibhashyam Venkateswarulu garu, Chintalooru.

FUNDS.

The funds will be deposited in the Cocanada Central Cooperative Bank and M. R. Ry. Dr. Peddibhotla Seetharamayya Pantulu garu B.A., M.B, will be the treasurer and the accounts will be audited by Aduitor M. R. Ry. Nemani Venkatanarayana Chowdhari garu B. A. B. Com, and published regularly.

OBJECTS.

The following will be the chief among the objects.

1. As, at present, different pharmacies manufacture the listed Ayurveda yogas with varying standards and methods and sell them at varying prices, and as thus there is no dependable standard or method for their examination or evaluation in Exhibitions, the various yogas of listed medicines shall be collected and the process of their prepartion discussed and the variations settled. Then strictly according to the accepted methods, one after the other, all the listed medicines shall be prepared under proper control in the institute, samples of which shall be forwarded to reputed Laboratories for analysis and preparation of chemical and chemico-physical formulae, and again to leading Hospitals for clinical tests in order to systematically assay and standardize the value of Ayurvedic remedies.

2. To fix standard Sanscrit names with Botanical identification and medical value of Ayurvadic plants and drugs.

3. To forward sealed samples of standard medicines prepared in the Institute, for comparison and examination of the exhibits competing for reward and certificates of merit in the examinations.

4. To test analytically and clinically special medicinal preparations and secret remedies and grant rewards and certificates and to register Trade marks and issue Patents to protect their manufacture and sale.

5. As even ordinary ayurvedic remedies like simple 'kapha-ketu' are sold in leading pharmacies at prohibitively high prices, to review the

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current prices and market rates and fix the pharmacists' profits strictly within the limits of Vaidyabhaga not exceeding 50% of cost of preparation as declared in the Holy Samhitas.

6. To take stock of Ayurvedic formulae and their pharmaceutical variations from the several parts of India and prepare a standard Ayurvedic pharmacopia with the title 'Bharatha Aushadha Nirmana Nirnaya Sindhu.

7. And all other matters conscerning the pharmaceutical section of Ayurvedic practice, suggested by the advisory committee and approved by the General body.

Membership

Ayurvedists may join the Institute as members after signing the Oath of allegiance to the Dhanvantari Nidhi.

Subscription.

Members should pay an annual subscription of one Rupee and install the Dhanvantari Nidhi Dibbi in their Offices.

Privileges.

Members will be entitled to priority supply on share system of the Medicines and Bhasmas etc. prepared in the institute at actual cost price and to the free issue of the Official Pharmacopic Bulletin.

Propaganda.

The Organizing and Managing Director has the power to appoint Provincial and District Organizing Secretaries, Inspectors and other staff and sanction their remuneration, pay and other allowances.

Scheme of work.

As an intial step, experimentally, will be manufactured by the Institute 200 tolas of Sidha Makaradhvaja, the Crown flag of Ayurveda, which is disputed all over the world, 200 tolas of Maharaja Mriganka, the reputed specific for consumption and phthisis, and 200 tolas of Mohavasanta Kusumakararasa, the best anti-nephritic and renal tonic, on share system, with 150 tola shares in each preparation. The total cost of preparing each remedy will be raised from the 150 share holders and when the medicines are ready, one tola of the medicine subscribed for will be distributed to each share holder and the balance of 50 tolas of each preparation taken over by the Institute as Vaidya Bhaga.

Out of this Vaidya Bhaga 20 tolas will be distributed among members of the working committee, and from the balance 10 tolas of each be forwarded to leading laboratories for chemical analysis and preparation of chemical and chemico-physical formulæ, and 10 tolas of each be forwarded to leading Hospitals for clinical tests and report of therapeutic value, and 5 tolas of each be forwarded as sealed samples

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for comparative study in Exhibitions, and 5 tolas of each be preserved as reserve stock of the Institute.

SHARE MONEY.

It is estimated that the preparation of any of the three medicines will approximately cost Rs. 1800 and this amount will be raised in 150 shares for each medicine, i e. 450 share in all. The share money will be collected at Rs. 2 with application and the balance in one instalment within one month of allotment.

As the collection of plants will be started with the month of Aswiyuza, and the full value of the total number of shares has to be realized before the end of Bhadrapada, 15-10-31 is fixed as the latest day for payment of instalments, and such of the shares as remain unpaid within one month of allotment or 15-10-31 whichever is the earlier, will be cancelled and the application fee forfeited by the Institute.

Due to market fluctuation or other causes, should the actual costs of preparation exceed this estimate, the deficit will be made up by collecting an additional amount not exceding Rs. 5 on each share and the money left unspent, if any, after final settlement be equally refunded to the share holders.

The application fee and subsequent instalments shall be paid to the Treasurer or authorised agents of the Institute and printed receipts obtained there for.

RASASALA.

For the benefit of instruction to students in practical pharmacy of the process of sodhana, marana, jarana and other samscaras and other process of manufacture, the medicines will be manufactured in the Rasasala of the Andhra Ayurveda Visva Vidyalaya College, Cocanada and the Valuables (Gold and pearls etc.) be secured under seals in the strong room of the M. S. N. Charities adjoining the college. A regular record of the diary of work and all special observations made from time to time shall be maintained throughout the whole process of manufacture, and attested from time to time by members of the Local Advisory Committee which will be formed from the leading citizens and professors of science in the P. R. College in the City.

Forms of application and other particulars will be supplied in the office of the Institute in the Andhra Ayurveda Visva Vidyalaya, Cocanada.

The
All India Institute of
Ayurvedic Research,
Cocanada, 10-8-31.

Vaidyaratna Pandit, P. SUBBARAO,
B. Sc., F. C. P. S. Bhishagacharya,
Organizing and Managing Director.

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DHANVANTARI NIDHI NIRMANA SMRITI

(English rendering)

In times of yore, Daksha Prajapati, holding possession of the proud monopoly of all Ayurvedic Lore, wilfully neglected to invoke Rudra (the Lord of Cure) in the performance of the huge prophylactic Yajna and, as a result of the insult, merited the wrath of Rudra ending in general disaster.

In view of the fact that the very science of Ayurveda also was being lost with King Daksha and his following, Maheswara Dhanvantari removed the existing ban on Surgery, which prohibited the Brahmin to all surgical practice and creating a high place of honour for them, got Daksha and others restored to life by Aswin twins, the Deva Surgeons. And, with a view to make the science of Ayurveda a public property, got Bharadwaja, the pioneer Sage Ayurvedist, trained under Lord Indra in Medicine, under Aswins in Surgery, and under himself in Yoga Medicine (Electric and Magnetic treatments), installed him on the high dias of the Universal Academy of Ayurveda and got him to codify the complete science of Ayurveda in the form of Ayurveda Sootra. In order to make the Academy permanently self-supporting, he created the perennial Dhanvantari Nidhi (Medical fund) and planted the flag of Ayurveda with the Insignia of Makara on it.

Rules and By-laws.

Since the very Brahma declared the first seat among the Gods for the Lord of cure, hence forth, no medical practitioner (whether physician or surgeon) be sought for, without his fee being prepaid.

2 At the Commencement of every treatment (cure or prevention) the Lord Dhanvantari be invoked and in lieu thereof, some contribution be prepaid into the Nidhi.

3. In the same way as one half or less of the medicine prepared is given over as the manufacturer's working share, one eleventh be made over to the Nidhi as Rudra Bhaga.

4. The King do contribute one thirtieth of his general Revenue to the Nidhi.

5. In all social and religious functions, where money etc. are distributed to Brahmins and others, a lot be given over to the Nidhi.

6. All offerings avowed in the hope of cure be fully credited to this Nidhi.

7. On all transactions of medicine and drugs, both the seller and the buyer do contribute a toll to the Nidhi.

8. Contributions, donations, and annuities be raised from public societies, Zemindars, and other rich people and added on to the Nidhi.

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PENAL CLAUSE.

Whosoever wilfully infringes any of these rules and bylaws, shall be met by Lord Rudra with the same fate as Daksha Prajapathi.

Om santi ! santi ! santi !

THE ALL INDIA INSTITUTE OF AYURVEDIC RESEARCH, COCANADA.

Established 1931.

PLEDGE OF MEMBERSHIP.

I do hereby and hereon solemnly and sincerely declare my adherence to the following conditions of the Dhanvantari Pledge and request that I may be enroled as a member in the All India Institute of Ayurvedic Research.

1. I herewith pay the admission fee of Re. 1 and will hereafter regularly pay a subscription of Re. 1 on or before the 10th January every year.

2. I will treat all Indian Medical practitioners and Ayurvedists as my brethren.

3. I will try my best to impart my experience and sastric knowledge to students of Ayurveda.

4. I will show every hospitality and try my best to help the members of this Research Institute in distress and difficulties.

5. I will strictly abide by the Constitution and Bylaws of the Institute and of the Dhanvantari Nidhi and observe all the General Ethics of Ayurveda ; and will willingly co-operate in all measures directed to the uplift and expansion of Ayurveda and religiously maintain the traditional nobility of Ayurvedic practice.

6. I will obey all lawful orders of the Officers of the Research Institute and the Dhanvantari Nidhi.

7. In my medical practice, I will keep in mind the Lord's Proclamation "Pradhamo Daivyo Bhishak, Tasmathvina Dakshinaya Vaidyaha Prardhaneyo Na kenachith" and will pray to the Lord Dhanvantari at the commencement of every new case and make the patient also invoke the Lord's favour and, unless absolutely poor, make him contribute a small toll of not less than (0-0 3) three pies into the sealed tin kept in my office in the name of the Lord.

8. Should I ever sell medicines or drugs, I will likewise collect a small toll of not less than three pies (0-0-3) on each complete transaction and place it into the above sealed tin.

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9. The fund thus acrued in the tin and my annual subscription of Re. 1-0-0, I will either pay to the Institute's authorised agents as per orders and send to the Institute the Duplicate receipt obtained from the agent or remit the same direct into the Treasury of the Institute and obtain proper receipts.

I will not break this pledge or violate any of these rules on penalty of forfeiture of membership and voluntary exclusion from the Lord's grace.

Full Name
Fathers' Name
Residence
Profession
Station
Date

Full signature of applicant.

SHARE APPLICATION FORM.

To

THE ORGANIZING AND MANACING DIRECTOR,
THE ALL INDIA INSTITUTE OF AYURVEDIC RESEARCH,
COCANADA.

Sir,

I enclose herewith the Duplicate copy of receipt granted by the Institute's $\frac{\text{Treasurer}}{\text{Agent}}$ for Rs. being the Admission Fee for tola shares of Sidhamakaradhwaja, tola shares of Maharaja Mriganka, tola shares of Maha Vasanta Kusumakararasa and request that the number of shares applied for may be alloted in my name, and I bind myself to pay the 2nd Instalment of the shares amounting to Rs. in all, within one month from this date or 15-10-31 which ever is the earlier.

Name
Son of
Resident of
Village
Post Office
District
Station
Date

Signature of applicant.

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Medical News & Notes

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PHARMACOLOGY

Isapgul in Chronic Dysentery.

Lieut.-Col. R. N. Chopra, M.A., M.D., in the course of a communication from the department of pharmacology, Calcutta School of Tropical Medicine and Hygiene, states that the seeds of *P. ovata* are very beneficial in chronic dysenteries of amœbic and bacillary origin and chronic diarrhœas due to irritative conditions of the gastro-intestinal tract. A glucoside named *Aucubin* has been found in the seeds but it is physiologically inactive. The tannins which are present in appreciable quantities have little action on the entan œba or bacteria. The action of the drug would therefore appear to be purely mechanical, being due to the large amount of mucilage which is contained in the superficial layers of the seeds. This mucilage is shown not to be acted on by the digestive enzymes, and therefore passes through the small intestine unchanged. It lines the mucous membrane of this part of the gut and its demulcent properties give it a protective and sedative action. In the large gut the intestinal bacteria have been shown to have little or no action on the mucilage. Practically the whole of it is passed out unchanged during the 12 to 24 hours following its administration. During its passage through the gut it coats the inflamed and ulcerated mucosa and protects it from being irritated by the fluids and gases, the products of gastro-intestinal and bacterial digestion. This enables the lesions to heal quickly. The toxins present in the gut are further absorbed by the gel and their absorption into the system is prevented. The seeds are taken in large quantities and as they swell up in contact with water they increase the bulk of the intestinal contents and in this way relieve chronic constipation by mechanically stimulating the intestinal peristalis. The mucilage of *P. ovata* seeds acts in very much the same way as liquid paraffin. It is very much cheaper and is further free from the injurious effects produced by the habitual use of the latter drug, *e.g.*, malignant disease of the colon, eczema ani, paraffin pains, etc.

PHARMACY

Causes of Lost Drugstore Profits.

The following is a tabulation of some of the principal causes of lost profits in drug stores. Such a list usually proves of greatest interest to the most successful druggists. The reason is that the druggists who are most successful are the ones who are keenest and most desirous to improve their success. This veay attitude of mind doubtless explains

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their prosperity. To any druggist who really wants to check over his own practices to make sure he is avoiding to the greatest degree possible the most important of the causes of lost profits in a drug store, this tabulation should be of some interest.

1. *Spoilage of Stock Purchased.*—Spoilage is most evident in perishable merchandise and, therefore, can be avoided there to the greatest extent. This, however, is not the only place in which spoilage occurs. Anyone who has bought a long-established drug store has had the experience of going through the prescription room stock, if it has not been carefully maintained, and throwing away dozens of items therapeutically useless for which at one time good money had been paid. Shopworn gooods also are in this class; the merchandise is all right but its appearance is not. On the other hand, some druggists hesitate to discard stale merchandise of a perishable nature, preferring to obtain the immediate profits, although such profits when obtained are at the risk of great future losses of prestige and patronage.

2. *Loss of Marchandise.*—These losses may be actual thefts. More frequently they result from failure to carefully check purchases when received; careful checking prevents the throwing away of small items with empty cartons and brings to light actual shortages in the order as delivered. Most frequent of all losses of merchandise, undoubtedly, are the losses which result from merchandise, being pushed further and further aside, especially in dark corners of the cellar until finally its existence is forgotten altogether.

3. *Waste of Merchandise.*—Waste is most frequent when bulk merchandise is sold. This waste results not only from down-weight, but also from inevitable shrinkage from the handling incident to sales in bulk. This is one reason, for instance, that progressive druggists who sell ice-cream to be taken out of the store, sell it only in packages and never in bulk. Greeting cards are another class of merchandise in which losses of this kind are likely to occur.

4. *Cash Leaks.*—Cash leaks occur in drug largely because druggists do not use the facilities which they have for keeping track of cash. In many stores in which expensive and elaborate cash registers are installed, it is often the practice not to verify the register totals every day. Carelessness on the part of the management inevitably encourages carelessness on the part of sales people in handling cash. For those employees who yield to temptation or who are downright dishonest, the evident existence of carelessness in handling cash is just the encouragement needed to cause them to begin their speculations.

There is just one way to control cash effectively in a drug store and that is to verify the register totals immediately after the store closes for for the night. This verification should be made, of course, by some

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responsible person. Any discrepencies are thus brought immediately to light and unintentional mistakes and errors can be corrected while they are still fresh in the minds of the sales people making them. In stores which have a large C O. D. delivery business, careful watch of each and every delivery is important, because such cash is usually received through the back door and not in the customary manner. Furthermore, it is a common practice, of course, to send change with the pakage, which further complicates the handling of the cash, unless great care is taken.

5. *Failure to Record Charge Sales.*—Even in drug stores which do an important amount of charge business, the methods used for recording these sales are not as formal and elaborate as they are, for instance, in a department store. Indeed, they cannot be, because the small amount of most purchases in a drug store does not justify such records. None the less, it is plain that a failure to record even a single dollar's charge sale means that ten dollars of additional sales must be made to overcome the loss in profits from this one error. In fact ten dollars is probably a liberal estimate, because not every drug store to-day is fortunate enough to make a net profit of 10 per cent. of sales.

The remedy for the lost profits resulting from a failure to record charge sales is to make the recording of such sales as easy as possible. This usually means putting charge slips not in just one place in the store, but in every place at which such sales are likely to be made. If sales will record on these slips at the time sales are made some memorandum of what has been sold, the details can be filled in later. It often happens in busy store that, when several people are waiting to be served, all a sales person has time to jot down is a brief memo, This usually is enough for the time being ; the details can be filled in later, but if no memorandum at all is made under such circumstances, it is easy to see how some transactions and some items may be forgotten in the rush of business.

6. *Failure to Buy Saleable Merchandise in Sufficient Quantities.*—It is a fact that upon many items of popular merchandise retail druggists buy in such small quantities that this merchandise has to be re-ordered as two or three times a week. Furthermore, the fact is that such re-orders, when given, are for exceedingly small quantities. The result is that on such merchandise of proved saleability, druggists frequently do not have in stock the very merchandise which by this rapid turnover has proved itself to be exceedingly easy to sell.

This is serious, not only on account of the immediate loss of such sales, but also because it gives customers the impression that the store does not have the merchandise they want to buy. One or two such experiences like this are likely to lead a person to transfer his business

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to some other store. Drug stores depend for their success not upon single sales to a constantly changing group of people, but rather upon a long series of sales to a relatively small and unchanging group of people.

7. *Failure to Display Saleable Merchandise.*—As a direct result of the practice that many druggists have of buying merchandise of proved saleability in such small quantities that stocks are exhausted and have to be re-orderad every few days, it is plain to see that a druggist never has on hand a sufficient quantity of such merchandise to make a worth-while display.

No one denies the selling power of effective displays inside of a drug store and in its windows. A druggist cannot display all the ten thousand or fiteen thousand items in his stock. He must choose for special selling effort some from this extensive stock. He cannot choose the comparatively small number of items of proved saleability for such display unless he buys a sufficient stock of them at a time to make possible a display.

8. *Merchandise Stock Not Sufficiently Varied.*——In these days of simplification and stock control, the statement that druggists do not have sufficient stock on hand seems to strike a false note. As a matter of fact an examination of the stock of drug stores which are conspicuously and notoriously over-stocked usually reveals not that they have too many different kinds of merchandise on hand, but rather that they have too much of some merchandise of doubtful saleability. A study of the stocks of drug stores offered at auctions will verify this statement.

On the other hand, it is well known that the druggists who are freest from competition are the ones which have the reputation for stocking many more different kinds of merchandise than their competitors. People go to them again and again with a certain assurance that if anybody has the marchandise they want, drug stores of this kind will have it.

9. *Purchase of Excessive Quantities of Merchandise of Unproved Saleability.*—Profits in a drug store are determined by the gross margin obtained, the volume of business and the rate of turnover. In choosing a particular item of merchandise a druggist is apt to over-emphasise the importance of gross margin as a determinant of profits, because it is much more obvious in its influence than are volume and turnover. It is well to remember, however, that gross margins are obtained only when sale are made, and therefore that volume and turnover absolutely control.

10. *Poor service.*—Poor service may range all the way from a slovenly and ill-kept store to disagreeable and poorly-informed sales people, slow delivery service, and all such similar factors which in a store's relations with its customer help or hinder its growth. Good-will is vital to a

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drug store because it is, or hopes to be, a permanent feature of the community life. The losses from poor service therefore are multiplied by the number of possible sales that might be made to customers unfavourably influenced by poor service.

11. *Failure to Advertise.*—Store displays sell merchandise only to the people who come into the store Window displays help to sell merchandise only to people who pass the store. To the larger group who neither come in nor pass the store, some productive means of attracting these possible customers to the store is desirable, and a failure to make use of advertising for this purpose means lost profit opportunities.

12 *Failure to Use Salesmanship Effectively.*—The most profitable place in which to use salesmanship in a drug store is on those occasions when customers enter who are undecided what to buy. They may know what they want : for instance, a camera, but a failure on the part of the sales person in the drug store to understand both his customer making an unfortunate choice and the store losing an opprtunity for service and profits. For instance, a customer best suited with a twenty-dollar folding camera may be sold a two-dollar box camera, simply because the only reason the sales person can offer for the difference in price is the lame and halting remark, "One must be of better quality than the other."—*Ind. and East Druggist, Sept. 1930.*

THE FIRST DESCRIPTIONS OF ASIATIC DRUGS.

The end of the fifteenth century saw two great events, the discovery of the America by Columbus, and the opening of the sea route to India by Vasco da Gama. As a consequence of those voyages, the tropics, with all their new and remarkable produces, were first made known to Europeans.

The original scientific description of many new plants of the western hemisphere was by Orviedo, a physician as well as a botanist. In his "Historia general natural de las Indias," he describes maize, the pineapple, the prickly pear, the rubber tree, manioc and the manner in which its poisonous starchy root is rendered edible by washing, the guava from which a delicious jelly is made, the avocardo or alligator pear, which the natives believe to have aphrodisiac properties, the calabash or giant gourds, and the sweet potato. The plates showing figures of many of these plants were the first pictures of them published.

What was done for the plants of the New World was done for Asiatic plants by Garcoa da Orta, a Portuguese physician and botanist of the sixteenth century. Da Orta was born about 1490 at Elvas, a frontier town of south-eastern Portugal, celebrated for its antiquity, the purity of its water, and the excellence of its plums, three good things on which

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to rest the fame of a town. He studied medicine at the Spanish universities of Alcala de Henares and Salamanca, and after a period of practice in small towns of his native province went to the University of Coimbra as a professor. In 1534 he accompanied a new viceroy to Goa, the capital of Portuguese India.

Da Orta spent the rest of his life in the Orient, serving as vice-regal physician or in other official capacities, travelling, practising medicine and studying the natural history of India and the character of its civilisation. His travels cannot now be definitely traced, but it appears he visited nearly all the native states on the west coast of India, and the island of Ceylon probably more than once. He held the island where Bombay now stands under a long-term lease and had there his botanic or "physic garden." From it he sent many valuable seeds and plants to Portugal, among others, according to tradition, the first plants of the China orange to reach Europe. As this is the parent stock of our citrus fruit, the value of this one importation is considerable.

Da Orta was a friend and physician to many of the Indian princes of the Malabar coast, who eagerly sought his professional services and who rewarded him with princely fees. About 1560 he settled permanently in Goa to enjoy an old age of wealth and wisdom, and to receive the homage which both command. He was a friend of the poet Camoens, the historian Correa and the viceroy, and in 1536 he published his celebrated work "The Colloquies on the drugs and Spices of India."

This work is notable for these reasons: It contains the first scientific description of such important Asiatic plants as nux vomica, datura (stramonium), cannabis indica, betel nut and its use, opium, pepper, ginger, cinnamon, cloves, camphor, benzoin, cubeb and such tropical fruits as the mango, mangosteen, custard apple and the durian. He gives the first correct account of the palm and its many uses. In it da Orta describes the methods of growing these and many other drug plants, the native names, the uses, the tests for purity of the crude drugs, adulteration, prices and similar matters. It is thus a foundation work in pharmacognosy. It contains the first description by a European medical man of Asiatic cholera. It constitutes a remarkable picture of the tropics and of Asiatic life and culture in the sixteenth century. It was the third European book printed in Asia. A copy of the first edition was recently offered for sale for $6,250.

Da Orta's accounts are most interesting and include such non-medical subjects as elephants, chess men, the caste system, an Indian market place and similar matters. Asiatic plants are, of course, the subjects that make up the bulk of the work. Here is his description of the nutmeg and mace. This is from the opening of the thirty-second colloquy which

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describes the appearance of the nutmeg tree *(Myristica officialis)*, the leaves, flowers and fruit, as well as medicinal virtues attributed to these different parts. "I am able to tell you the various names of the nutmeg and of mace for I asked for them in Malay, Persian, Arabic and Turkish. The tree of the nutmeg is of the size of a pear tree and the leaves are rounded as are some pear leaves. Banda, the native place of the nutmeg, belongs to Portugal. The rin is hard, the outer skin harder than that of a green pear. When this is removed there is a very fine rind like that about a chestnut. This delicate skin is the mace. We need not refer more to the thick outer rind except to say that it makes a very good conserve white sugar, is most agreeable to taste and smell and is good for brain and nervous complaints. It comes from Banda in jars of vinegar and some people eat it as salad. When the nutmeg ripens it bursts the outer rind and the mace breaks through and changes to a red colour. It is a beautiful sight when the trees are loaded."

He also describes the effects of datura (Stramonium). He supports the observations of the Dutch traveller, Linschoten, regarding the Boccaccio-like incidents of infidelity of the wife before the very eyes of her spouse who, under the influence of the drug, takes reality for a dream. Here is what Linschoten says of datura : "The man sitteth with his eyes open, not doing or saying anything, but laugh or grin like a fool, or a man out of his wits : and when the time cometh that he reviveth out of his trance, he knoweth nothing that was done, but thinketh that he had slept."

Da Orta mentions that datura was often used by thieves to cause the victim to voluntarily give up their possessions and mentions a patient who had given her jewels in this way to her maid, the latter having administered datura to her mistress in order to effect this result.

All of da Orta's writings were remarkable for their interest, pungency and accuracy. The latter feature is attested by that great pharmacognostic, Frederick Augustus Fluokiger, who says : "The Colloquies are notable for both the richness of information they contain and their faithful and miuute descriptions. No one has described the drug plants of India with so much care, or with such accuracy, and subsequent investigators have almost invariably confirmed the statements of Garcia. The historian of Asiatic drugs must of necessity refer often to Garcia da Orta, his defects are few and may be attributed rather to the lack of modern instruments of precision than to any other cause. The Colloquies will always hold a place of high honour in the history of pharmacognosy."

Da Orta died at Goa about 1570.—*Ind. and Eastern Druggist*, June 1930.

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The Journal of Ayurveda

or the Hindu System of Medicine.

Vol. VIII.] October, 1931. [No. 4.

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Kaviraj SHIBNATH SEN, B.A., M.B., KAVIRATNA.

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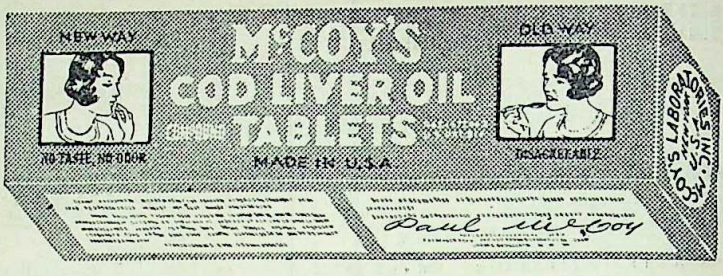
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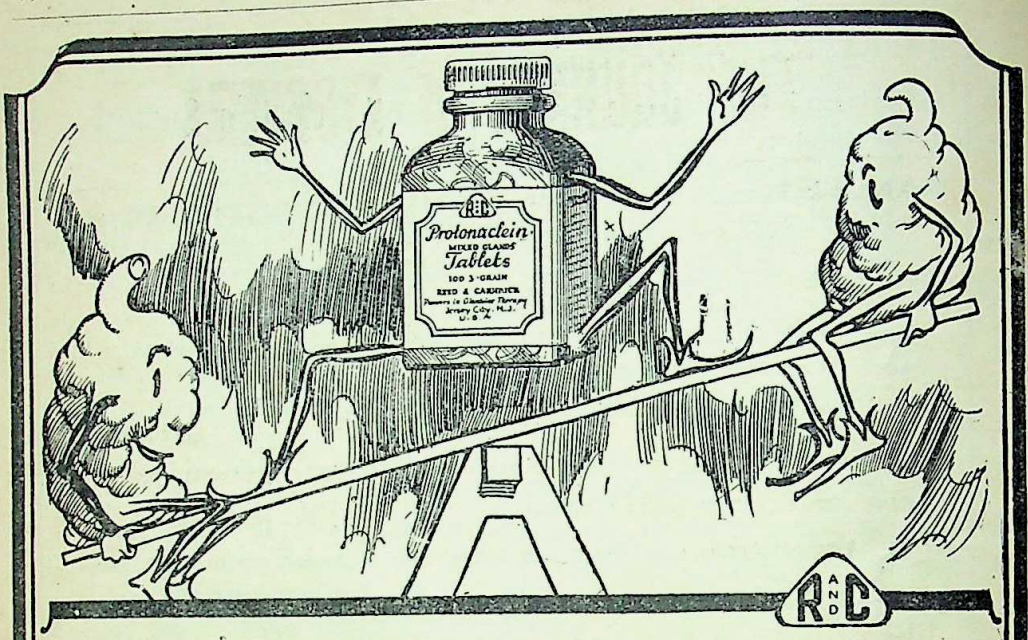
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THE JOURNAL OF AYURVEDA

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Here and There

We take this opportunity to offer our greetings to all our subscribers, well-wishers and patrons on the occasion of our great national festival, the "Durga Puja", *i. e.* the Goddess representing the "Sakti" or the will power of God, who himself is inactive. We take the liberty to present here some predominating problems facing the country just now.

We hear that the present economical crisis is not limited to one particular country but the distress is manifest in every part of the Globe. We are, however, not very credulous ; on the contrary we believe India to be the worst sufferer. We do not hear of any economical crisis in America, France, Russia, Japan, not even in China, although a few banks in U. S. A , mostly Rural Agricultural Loan offices, have had to close their doors due to the low prices of agricultural produces. The fact is all the more clear when we hear that France and U. S. A. are ready with huge sums of money to act as creditors to the distressed and economically moribund countries.

There is no gainsaying the fact that Germany, Austria and Hungary are now passing through a most economical distress due to their being bled white by their victors of the last great war. Great Britain has also her own share of the distress inspite of the fact that she is one of the party that vanquished the central powers in the last ruinous war, because of the fact that she was the country that supplied the all-important money wherewith the war could go on, even by borrowing

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same from U. S. A. Her present position is rather very delicate. She has not only been turned as a tax-collector on behalf of U. S. A. but she has got to pay her annual instalments regularly to her creditors with interest. Besides these heavy payments, she has lost considerably her vast foreign trade which have been captured by other countries during and after the war. This slow process of gradual drainage on national wealth together with insufficient compensation year after year led to the present crisis, so much so that England had to abolish Gold standard and the business interest that was so long controlled by the Bank of England has now been shifted to Paris and Washington.

There are, of course, other factors that are also partly responsible for all these troubles. There was a time when British goods were considered best just as a Britisher was held in the comity of Nations to be the beau-ideal. But the outlook has now completely changed and in the present day of competition British goods do not command the former respect ; they are, besides, more costly. After the political up-heaval in China, England has lost a vast market and she is losing ground even in India due to political unrest in the country and others' competition.

The Economical crisis in India is due, according to Hon'ble the Finance member, to the fall in prices of raw materials and food stuff. The peasants (80 per cent of the population) cannot pay the land-revenue due to such a fall and the Government Budget for the current financial year is short by 19½ crores of rupees. Revenues under customs, Port-Commissioners, Excise, Railways and Post office have also decreased and in order to meet the situation, Sir George Shuster has taken recourse to certain methods, which are, according to many, not a very wise step He has proposed to reduce the salary of all Government servants drawing Rs. 40/- and upwards by 10 per cent, the cut being uniform. Highly-paid

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officials, who pay income tax, will not have to surrender anything more than 10 per cent, the cut being inclusive of income tax ; so that the question of uniformity is rather untenable. The latter will have to surrender really 6 or 6½ per cent while the poor clerks will have to surrender the full share. Besides, incomes from Rs. 1000 upwards have been made incometaxable, thereby adding more hardships to the already poverty-sticken middle-class people. Taxes on imports, Salt, Kerosine oil, Petrol and even on imported shoes have been enhanced by 25 per cent. But the most unkindest cut of all is that, as soon as the Government position becomes better, the reduction of pay of all Government servants will go. About the enhanced taxes, however, the Honourable member does not utter a single word. Are we to understand that these will be hanging over the heads of the poor Indians like the Democles's sword ? Already we are beginning to feel for these enhanced taxes, in so far as the price of paper, increased registration fee for postal articles and enhanced Railway fares are concerned. When the question of the mass, the dumb millions, for whom the Government feels so much sympathy, comes in, the taxation seems to be quite inhuman. It is the inability of the mass to pay that has brought about the situation according to the Government version and yet they are going to tax them more by enhancing the price of salt, mineral oils, foreign articles including cloths and medicines, and that too perpetually, if possible. It is also proposed that the price of post cards and stamps will go up by 50 per cent and then the deficit in the postal administration will be made up. This increase means 200 per cent increase of the rate that prevailed before the war. The result will be that people will write very few letters or none at all, not because of unwillingness but because of inability to afford. It will also affect the already dull trades and commerce and, if persisted in for some considerable length of time, will kill many of them.

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To us, the whole of the budget scheme is far from sound. There is deficit and it is admitted on all hands. But the remedy should be quite different. There should be reduction of salary not to the extent of 10 per cent but much more, even up to 50 per cent in some cases. Unnecessary staffs, departments, travelling expenses, etc. should be done away with. India unfortunately possesses most highly-paid officers, although she is the poorest country in the world. Salaries of Government servants should be fixed in comparison with those of other countries as also in proportion to the average income of the people. England has got at present 20 lacs unemployed getting some sort of help from the Government, but they are not content. But, here, in Bengal alone there are 33 lacs of unemployed educated youngmen without being looked after by the state.

In our opinion, the situation, as now obtains in India, can never be met by taxation and ordinances but by a radical change and overhauling of the entire system of highly-paid administration. A patch here and a patch there may serve for the time being, but it is sure to defeat the purpose in the end.

It is also significant that the present regime of Diarchy is functioning itself very badly so far as the public are concerned. Besides paying heavy salaries to the ministers, circle officers and other officers connected with this show, the country is not getting the benefit it can justly expect. In the meantime, the rural people are paying regularly their enhanced Union Board taxes but practically without any material gain. In the present system, the purse belongs to the Government and the distribution also lies with them. They will spend whatever they require, even by producing supplementary budgets, and in case there is some balance, they will very kindly hand over same to the ministers, who are responsible for real constructive works, for the benefit of the public and the result has been that while money could be found

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for huge military and Police force and civil officers, sufficient money cannot be found for public works, education, medical aid and sanitation. The failure on the part of the Goverment of Bengal to grant about two lacs of rupees only towards the working of the Calcutta University is a glaring instance of the baneful effcet of this double government. But none the less, an additional sum of Rs. 500000 could easily be found for the Police. It is unfortunate that our Government do not wish to show an adequate sympathy for works like Education which is perhaps the most sacred department that every civilised Government should help and spread. To stiffle education and thereby minimise the value of scientific and literary research is not only ruinous to the people but also is a sort of stigma to the Gevernment itself, The real pride and fame of a Government does not lie in its battle-ships or Military and Police force but in the efficiency on the part of the gevened in the domain or Art and Science. A Wellington or a Nelson or a French did not make England so great as her Shakespeare, Milton, Wordsworth or Newton. A Wellington might have vanquished a Napolean and might be adored as a great general in England but a Shakespeare or a Newton conquered the whole world and as such will be adored for ever throughout the world. It is therefore all the more necessary that the present Government that cannot distribute money judiciously should either cease functioning or mend its ways. It is also incumbent on the part of the ministers to see that their departments, which are really national concerns, do not starve. They should understand that their task is very responsible which does not consist in pocketing Rs. 64000 yearly and being driven by the nose by the secretaries. They should remember that they are the representatives of the people and in case they are unable to act up to the demands of the people, it is better for them to resign rather than waste public money in the way they

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often do ; money is not, after all, the only criterion of greatness.

Optimism prevails in some quarters that trade will revive once again after a few months. We are not concerned with the conditions of other countries ; but so far as India is concerned, we are very much reluctant to share the same view. The already announced enhanced tariff, increased taxation, famine throughout North Bengal and other parts of India, prevalence of epidemics here and there and, above all, the dilatory nature of the Round Table conference point clearly that there is very little hope for India to come to a state of affluence in the near future. Of course, much depends upon the success or failure of the London conference But the dramatic change of the Government there from Labour to Nationai and its ultimate dissolution is rather foreboding. From the list of candidates, it is impossible to make any forecast but the possibility is that a stable Government may not be possible and a coalition Government (National ?) may come to power. But whatever may happen in London, the conference may not be a success, at least on minority question, if not on other bigger political issues.

H. N. C.

OBITUARY

It is with profound sorrow that we announce the death of our late President Dr. Charles C. Brace on August twenty-sixth Nineteen hundred and thirty-one. The Denver Chemical Manufacturing Company.

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Original Articles

TRIDOSH THEORY OF AYURVEDA

BY

B. V. DEGWEKER M.A., M.Sc., LLD.

JUBBULPUR.

(Continued from our last issue)

Cellulose, which is accompanied with starch in alternate layers is broken up by the bacterial action in the intestines into *Carbonic acid, and methane.* This is the chief cause of the gases in the intestines, the amount of which is increased by vegetable food. The action of the bacteria on amino acids is also to produce *carbon dioxide.*"

Thus we see that the gases in the intestines produced by the combined action of the secretions like saliva, pancreatic juice, bile, intestinal juices and the bacteria consists mostly of carbon dioxide. We shall, therefore, consider the action of this CO_2 on the different tissues of the body and specially nerves. The gases in the intestine are termed Apan-wayu by Ayurvedists. Sushruta says पक्वाधानाख्योऽपानः Intestines are said to be the chief abode of Wayu.

पक्वाशयकटीसक्थिश्रोणास्थिस्पर्शनेंद्रियं। स्थानंवातस्य सर्वाऽपि पक्वाधानं विशेषतः।

Therefore it follows that like gastric juice (Klendak kapha) in Amashaya, and Pachak Pitta in the duodenum, if this third substance Apan-wayu (mostly CO_2) is also produced in the quantity, the whole process of digestion, absorption and excretion will go on smoothly ; but, if for some reason or other its quantity is increased वातवृद्धौ, then the system gets vitiated, and there is a disease for which a remedy has been prescribed by चरक as follows :—

आस्थापनानुवासनं तु खलु सर्व्वथोपक्रमेभ्यः वाते प्राधानतमं मन्यंते भिषजः। तदादित एव पक्वाशयमनुप्रविश्य केवलं वैकारिकं वातमूलं छिनत्ति। तत्राजिते वातेऽपि शरीरांतर्गताः वातविकाराः प्रशांतिमापद्यंते। यथा वनस्पतेर्मूले छिन्ने स्कंध शाखाश्चरोहकुसुमफलपलाशादीनां नियतो विनाशस्तद्वदिति।

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Just as वमन and विरेचन have respectively been prescribed as the the best remedies for removing the धातुवैषम्य due to an abnormal increase of क्लेदकफ तथा पाचकपित्त respectively, so also the आस्थापन तथा अनुवासनवस्ती (enemetas) have been suggested as the most effective means of removing the abnormally increased Wata in the intestines. The drugs which are thus introduced by means of the enemas, remove that Wata substance from the instestines either by lubricating the inner surface, and thus making the passage clear by removing the obstructing solid stools (परिपिंडितपक्व), and thereby allowing these obstructed intestinal gases to pass off, or by absorbing that Wayu by means of oily (Snigdha) and hot (Ushna) substances thus introduced according to the law—

प्रकोपनविपर्ययो हि धातुनां प्रशमकारणमिति ।

This Wayu is said to be the root cause of all diseases due to Wata, which might appear in any other part of the body, and, therefore, as soon as its abnormality is removed, all other Wat-Vikaras in the body disappeer, just as, when we chopp off the very root of a tree, its branches, sprouts, flowers, fruits and all other off-shoots wither away. This passage clearly proves that this gas in the intestines (predominantly CO_2) is the Wata which is the root cause of all diseases.

That Wata is predominantly CO_2 is also proved by the statement in Shri-mad-bhagawad-gita viz. प्राणापानौ समौ कृत्वा नासाभ्यंतरचारिणौ। It is wel-known that during the process of श्वासोच्छ्वास the air which we breathe in contains more of oxygen, and the one that we breathe out consists of more of carbon-di oxide ; and both these gases are नासाभ्यंतरचारी Pranavayu being predominantly oxygen.

Modern physiology tells us that "The intake of oxygen is the commencement and the output of carbonic acid is the end of a series of changes known as respiration. The intermediate steps take place all over the body and constitute what is known as tissue-respiration."

The carbonic acid gas is thus a substance which is produced in minute quantities all over the body. But its production is greatest in the intestines, which are therefore, its principal abode. This carbon-di-oxide acts in a peculiar way on the nervous tissues of the body. If it is produced in the normal quantity, it stimulates the nervous system ; but if produced in either an excess or less quantity, it disturbs the system. This has been proved by Waller's experiments.

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"Waller has obtained a number of interesting results on the variation in *nerve-action* produced by drugs and other agents. *He finds that the effect of Carbonic acid in large doses is to cause a diminution and finally the disappearance of the activity of the nerves.* When this gas is replaced by air, the nerve recovers, and the action currents increase.....*Small doses of carbonic acid increase the action currents*, and Waller considers that the staircase effect in muscle, and the similarly progressive increase noted in action currents of a nerve as a result of repeated stimulation *is due to the evolution of this gas during activity.*

This hypothesis has been recently confirmed by Baryer and Frolich. They have shown that peripheral nerves participate in respiratory exchanges, using up Oxygen and producing Carbonic acid in minute but measurable amount." Gotch has shown "that cold applied to a nerve acts very much like carbonic acid. Intense cold will cause disappearance of both excitability and conductivity."

It is evident from these experiments of Waller that amongst the different substances which are produced or developed in the body during various chemical changes, it is CO_2 or a mixture of O and CO_2 alone which has its action on the nervous system "which is the great master system of the body that presides over, controls and regulates the functions of other systems. "Wata which controls this master system has, therefore, been described as सर्वगः, सर्वतंत्राणां विधाता वायुरेवभगवानिति (master), here Cakradutta says सर्वतंत्राणांतंत्रशब्दः कर्मवचनोऽप्यस्ति. In its normal state, the following actions have been attributed to it :

दोषधात्वग्निसमतां संप्राप्तिं विषयेषु च। क्रियाणामानुलोम्यं च करोत्यकुपितोऽनिलः।

It is well known that the nervous system produces all sorts of secretions which have been above stated as Kapha and Pitta, and thereby helps the conversion of the food that we take every-day into chyle, blood and other tissues. It is thus the system which mantains equilibrium (समता) between the Dosha and Agni secretions on the one hand, and Dhatus *i.e.* principal tissues on the other. The sensory nervous system is responsible for convey-ing to the mind the different sensations through Jnanendriyas—organs of sense (विषयेषुसंप्राप्तिं). It is the motor and autonomous nerves which help to carry away all excretions out of the body and are responsible for various kinds of motions.

Thus it is that all the phenomena which have been attributed to Wata are due to action of CO_2 produced in the body on the

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nervous system as a whole or on some definite branches of it. It is therefore that the word Dhamani is the most suitable one for nerves according to the धमनादनिलपूरणाद्धमन्य: ।

Thus Wat is said to be तंत्रयंत्रधर. Here Tantra means either body or actions; and as either the body or Tantra-yantra meaning thereby the machanism which causes actions in the body *i.e.* the Nervous system is dependent for its action on the proper production of CO_2 in the system as proved by Waller's experiments, this Wata is तंत्रयंत्रधर. For the same reason it is प्रवर्तकश्चेष्टा नामुच्चावचानां विविधानां । If it is produced in abnormal quantities, it would depress the nerves, and thus retard or ultimately stop their actions. Similarly it is नियंता प्रेरकश्च मनस:, सर्वेंद्रियाणामुद्योजक:, सर्व्वेंद्रियार्थानामभिवोढा, प्रवर्तको वाच:, हर्षोत्साहयोर्योनि:. All these actions are due to sensory and motor nerves. It is also समीरणोग्नि: because when the nerves going to the pancreas are stimulated there is an increase of pancreatic juice secretion. Thus it is clear that each and every action which is attributed to Wata iu Ayurveda originates from the nervous system, which in turn depends for its proper working on the production of CO_2 in the normal quantity throughout the system, and principally in the intestines. Hence चक्रदत्त says यद्यपि वायुना वातकारणानां वातशमनानां वा तथा संबंधो नास्ति शरीरसंवहैस्तैर्वा तस्यशरीरचारिण: संबंधोभवति ततश्चवातस्यसमानगुणयोगाद्वृद्धिर्विपर्ययादृह्रासश्चोपपन्नएवेति । It is thus proved that Wata, Pitta and Kapha are actual substances in the body like other seven Dhatus and three Malas. They are mainly produced in the alimentary canal, Pitta and Kapha being secreted in duodenum and stomach respectively, while Wata being formed as a by-product in the intestines; and it is through these substances conveyed by the blood stream all along the body that other forms of Wata, Pitta and Kapha, whether Sukshma or Sthula, are nourished. The blood or the lymph that exudes from the capillaries reaches even the minutest part of the body, and along with it reach also these substances in extremely minute proportions. And so it is said that—

सर्वशरीरचरास्तु वातपित्तश्लेष्माणोहि सर्वस्मिनशरीरे कुपिता कुपिता: शुभा शुभानिकुर्वंति प्रकृतिसमता:शुभान्यपचयबलवर्णप्रासादादीनि अशुभानिपुनर्विकृतिपापन्नानिविकारसंज्ञकानि ।

Here the word Sarva-shareer-char is very important as it shows that the Tridoshas move about in the body along with the blood stream. The same idea is expressed in the statement

कुपितानांहिदोषानांशरीरेपरिधावतां । यत्रसंगस्तुवैगुण्याद्व्याधिस्तत्रोपजायते ।

Of the different forms of mucous membranes surrounding the tongue, nasal cavity and lungs, while Shleshak is the secretion

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of the synovial membranes lining the joints. Amongst the different Pittaas, Ranjak and Bhrajak are actual secretions, while Sadhak and Alochak are Sukshma. Prana Vayu is ordinary air containing more of Oxygen than Co_2; Apan contains more of Co_2 while the other forms should also be different mixtures containing O and CO_2.

This subject needs more research; but there can be no doubt that the Tridoshas are actual substances.

Distinction between Prasad and Mala Dhatus..

Now before I close this discussion, I have to point out the distinction which Ayurvedists have made between Prasad and Mala Dhatus.

Charak holds that the food that we eat everyday is changed into Rasa and Kitta thus—

विविधमशितपीतलीढखादितं यज्जठरोष्मतमंतरग्निसंधुक्षितबलेन यथास्वेनोष्मणा सम्यग्विपच्यमानं काललवदनवस्थितसर्वधातूष्ममारुतस्रोतः केवलंशरीरमुपचय बलवर्णसुखायुषा योजयतिशरीरधातूनूर्जयति। धातवोहिधात्वाहाराः प्रकृतिमनुवर्तते। तत्राहार प्रसादाख्योरसः किट्टंच मलाख्यमभिनिर्वर्तते। किट्टात्स्वेदमूत्रपुरीषवातपित्तश्लेष्माणः कर्णाक्षिनासिकास्यलोमकफप्रजननमलाः केशश्मश्रुनखादयश्चावयवाः पुष्यंति।

This passage clearly shows that the food that we take in everyday helps to sustain the body by being converted with the help of various secretions into two parts, Rasa and Kitta. Rasa or chyle is no doubt the best part of the food (Ahar-prasad). But the word Kitta here does not mean dross or anything worthless, and therefore fit to be thrown out of the system, because the author says that from this Kitta various parts (Avayava) of the body such as hair (Kesha), nails (Nakha), as also Sweda, Mutra and Purisha, and Wata, pitta and shleshma are nourished. It has already been said by Chakradatta that :

पुरीषवातादयोऽपि शरीरावष्टंभका प्रसाद एव गुणकर्तृत्वात्।

as also त्रयोदोषाधातवश्च पुरीषं मूत्र एव च। देहं संधारयंत्येते।

Hence, here the word Kitta should be translated as a by-product. The question now arises as to which are these substances known as Wata, Pitta and Kapha that are nourished by Kitta. They are not the secretions Kapha and Pitta which take part in the convertion of the food into chyle. This point is made clear by Charakacharya thus—

किट्टमन्नस्य विन्मूत्रं रसस्यचकफस्तनुः। पित्तंमांसस्यवमलो मलःस्वेदस्तुमेदसः।

स्यात्किट्टंकेशलोमास्थ्नोमज्ञः स्नेहोचिविट्त्वचां। प्रसादकिट्टोधातूनांपाकादेवंविधः स्मृतः।

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That Kitta is not anything worthless is also proved by the following statement of Charak तै सर्वे एव धातवो मलाख्याः प्रसादाख्याश्च रसमलाभ्यां पुष्यंतः स्वभावमनुवर्तंते यथाचयवः शरीरं। एवंरसमलौ स्वप्रमाणावस्थितौ आश्रयस्यमनधातोः धातुसाम्यमनुवर्तयतः। निमित्तस्तु खीणवृद्धानांप्रसादाख्यानांधातुनांवृद्धिक्षयाभ्यामाहारमूलाभ्यांरसः साम्यमुत्पादयत्यारोग्याय। किट्टंच मलानामेवमेव। स्वमानातिरिक्ताश्चोक्तसर्गिणः शीतोष्णपर्यायगुणैः चोपचर्यमाणामलाः शरीरेधातुसाम्यकराः समुपलभ्यंते।

The portions above clearly prove that the Kitta which is Malakhya is also a Dhatu, and that, so long as it exists in the body in the normal quantity, it keeps up the Dhatu-samya; but whenever its quantity increases, it is thrown out of the body. Thus even the Malas, as they are called, are Dhatu-samyakar within certain limits.

Thus from the sense in which the wood is used here, it is clear that each Mala is a by-product of each of the seven chemical processes beginning from the digestion of food, and ending in the conversion of Majja into Shukra. The process may be represented by an equation thus :—

Food + the several digestive juices = Chyle (Rasadhatu) + Wit (faeces)

The next chemical process is that of formation of blood (Raktadhatu) from Rasa. Modern physiology tells us that the chyle which is formed and separated in the intenstines by the action of the digestive juices is absorbed there and collected by lacteals, and then passing through the Thoraic duct is emptied in a large vien near the heart. It then passes from the heart to the presence of a loose compound oxyhomoglobin. As this process goes on, the mucous glands inside the mucous membrane of the lungs give out a secretion, which, as it were, acts as a lubricant, because a portion of the lung is likely to waste away without it. This is therefore the Kapha secretion or the by-product of this chemical process. It is a matter of everyday experience that a certain quantity of this स्वमानातिरिक्त therefore उत्सर्गनीय (ready to be thrown out) Kapha always comes out of the lungs when we go to wash our mouth clean after taking our food. This is because as soon as the food enters the stomach, the heart beats faster in order to provide more blood within the same period to the glands, which give out secretions like gastric and pancreatic juices, and thus to bring out a copious flow from each of them. The venous blood, therefore, reaches the lungs more often than before during the same period, and thus requires a larger quantity of oxygen,

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making it necessary for the lungs to work faster. Thus the quantity of mucous secretion also increases, and this increased part being स्वमानातिरिक्त has to go out. This shows that the उरस्थकफ is a by-product produced in the system during the transformation of the venous blood, or, as here of the Rasadhatu which is mixed with that blood, into arterial or pure blood, Rakta-dhatu. This secretion, so far as it is useful, remains in the system, but where its quantity increases owing to the above cause, it has to go out. Thus :

Rasa-dhatu + oxygen of the air = Rakta-dhatu + Urastha Kapha.

The third chemical process is that of formation of Mansa-dhatu from blood. "A portion of the blood stream having been diverted once into the capillaries of the intestinal canal and some other organs, and gathered up again into a single stream, is a second time divided in its passage through the liver before it finally reaches the heart and completes a revolution. This subordinate stream through the liver is called Portal circulation. Thus the liver gets its supply of blood from two distinct sources viz, from the portal vein and from the hepatic artery while the blood is returned from it into the vena-cava inferior by the hepatic veins. Its secretion, the bile, is conveyed from it by the hepatic duct either directly into the intestine or when digestion is not going on, into the cystic duct, and thence into the gall-bladder where it accumulates until required."

This extract from Halliburton shows that before blood becomes so pure as to be able to be converted into other tissues such as flesh, it has to pass through liver where it gives out the secretion bile. Hence this bile is a byproduct obtained while Rakta-dhatu is being purified so as to be able to form other tissues.

Hence Ranjak pitta is bile alone, while pachak pitta is a combination of pancreatic juice and bile. This is called Ranjak, because 'when there is obstruction in the bile ducts preventing the bile entering the intestines, it passes backwards into the lymph, enters the blood and is distributed over the body causing a yellow tint in the skin, and mucous membranes and coloring the urine deeply.' As it gives colour to the blood, it is called Ranjak. Sushruta says :—

यत्तु यकृत्प्लीन्हो: पित्तं तस्मिन्रंजकोऽग्निरिति संज्ञा। स रसस्य रागकृदुक्त:।

Halliburton, holding the same views, states :—Besides these direct offices, the spleen fulfils some purpose in regard to the portal circulation with which it is in close connection.

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All this discussion clearly proves that the Malakhya dhatus which are obtained during these chemical changes are different from those which spontaneously flow in the alimentary canal. They are not originaly substances ready to be thrown out of the system, but become so when Swaman-atirikta.

Meaning of the word Mala.

It has to be remembered that there is yet another sense in which the word Mala has been used by Ayurvedists, and that is to mean substances always ready to be thrown out of the system.

शरीरधातव: पुनर्विदुविधा:संग्रहेण मलभूता:प्रसादभूताश्च ये शरीरस्यबाधकरा: स्युस्तथवा शरीरच्छिद्रेषूपदेहा: पृथग्जन्मानोबहिर्मुखा: परिपक्वाश्चधातव: प्रकुपिताश्च वातपित्तश्लेष्माणोयेचान्योपिकेचिच्छरीरेतिष्ठंतोभावा:शरीरोपघातायोपपद्यंतेसर्वांस्तान्मले संचक्षते ।

Here the word Malabhuta has been used to show that as soon as those dhatus attain a particular stage, they have to be at once thrown out. The word Mala used here collectively to mean a dross or an altogether useless substance includes all kinds of Dhatus whether belonging to Dosha, Dhatu or Mala class but having attained a particular condition.

दोषा:—प्रकुपिताश्च वातपित्तश्लेष्माण: ।

धातव:—परिपक्वाश्च धातव: ।

मला:—शरीरच्छिद्रेषूपदेहा:पृथग्जन्मानोबहिर्मुखा: ।

Not only these three classes, but anything which is likely to cause damage to the body tissues such as a Shalya, is also included in the word Mala.

Thus *Mala-bhuta* dhatu means an excretion ready to be thrown out of the system.

Malakhya dhatu is a by-product which becomes an excretion मलभूत when it is स्वमानातिरिक्त and *Mala-dhatu* means मूत्रशकृत्स्वेदादय: so long as they hold and nourish the body.

This finishes the exposition of bare skeliton of the Tridosha theory. I have in this short description attempted to make a distinction between the terms Dosha, Dhatu and Mala as they occur in Ayurvedic Works, and to prove that the tridoshas are actual substances in the body. I shall be glad if it helps to promote discussion and mutual understanding amongst us-Vaidyas on this point which is of utmost importance to the students of Ayurveda.

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DISEASES—I FEVER

BY

DR. B. V. RAMAN,

(*The astrological magazine, Bangalore.*)

No science on art can command greater respect, admiration and attention from the educated classes, than a knowledge of the diseases, how they affect the human system, what remedies have to be adopted to alleviate them and so on. From time immemorial the diseases have subjected themselves to some sort of classification by the medical sciences. The diseases arise from various causes. While some are knowable, others are unknowable. Different systems of medicines usher different kinds of convincing arguments to indicate their own theories on diseases. Whatever might be the views held by the different schools of medical thought about the theories on diseases, all of them must acknowledge that some diseases are knowable while others are utterly unknown or unknowable to the science of medicine.

Suppose a man has an ulcer or wound in his leg and it has to be amputated. The causes here are known and are demonstrable. In another instance a man is born without legs while his parents are all right. In this case the defect at birth is unknowable except by means of some indirect knowledge derived from the Vedas and Dharma sastras.

The human body is composed of some elements and their compounds. And after the body is ushered into this world, it is formed into some shape by the help of food, water, climate, atmospheric ingredients and the internal strength it possesses to appropriate and assimilate the various substances, which are needed for its building, upkeep and growth. When these are assimilated or disturbed in proportions in which it is not able to discharge its work properly, what are called diseases set in and cause much mischief to the body and indirectly to the mind.

Diseases are the results of the disturbances of the assimilation of the ingredients needed for the development of the human body.

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The science of Ayurveda excells all other systems of medicine in propagating the true causes of diseases and how to alleviate them in view of the constitutional peculiarities of the different individuals. Charaka Samhita is one of the oldest works extant on Hindu Medicine and has attracted the attention of the many modern scientific men in Europe and America and has already added a new phase of life to the History of Medicine. It is a highly philosophical work and Abinash Chandra Kaviratna observes thus in his English translation of this learned treatise: "Its deliverances on many subjects, unsurpassed for their brevity and weight, are like those of Bacon, extremely suggestive. Locked in a difficult tongue, those hints have for ages lain mutilised." Professor Max Muller says that the book is of great importance both to Sanskrit scholars and to medical men who take an interest in the historical development of medicine.

Diseases may be chiefly classified under three important devisions, viz (1) Mental, which are very strong, causing pain and whose successful treatment implies a very high knowledge in the medical man of physiology and psychology, (2) those that are caused to the body by irregularities in diet, sleep, clothing etc. and (3) those which are caused by pure accidents such as falling, drowning, striking etc.

Fever seems to play a prominent part in the realm of diseases. Charaka observes. "Among diseases, we shall here, at the outset expound fever in consequence of fever being the foremost of all diseases." Fever follows every malady, whatever may be the other causes for its outbreak. When the baby first comes out of the uterus it is attended by fever. Death never takes place without the manifestation of fever. In all diseases to which man or woman is subjected fever predominates over other diseases. Fever is also regarded as extending over the entire body of man—It affects the mind as well as the body. The other diseases are not so; they are local and hence fever is regarded among the Hindu Ayurvedic Sciences as the first and foremost of the diseases.

Webster, the great American lexicographer, defines fever thus.

"A diseased state of the system, marked by increased heat, acceleration of the pulse and a general derangement of the function. Many diseases of which fever is the most prominent symptom, are denominated fevers; as typhoid, ague, yellow etc."

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"Unnatural or excessive excitement of the passions in consequence of strong emotion ; strong excitement of any kind, a season of great excitement."

Fever is called *Roga Raja*, king of diseases, in Ayurveda. Fever arises from eight causes. They are :—

1. Vata or wind, 2. Pitta or bile, 3. Sleshma or Phlegm, 4. Conjunction of Vata and Pitta, 5. Combination of Vata and Sleshma, 6. Combination of Pitta and Sleshma, 7. Conjunction of Vata, Pitta and Sleshma, and 8. Accidents. The diagnosis of the various kinds of fevers are very important. The causes are "excessive indulgence in things which are dry, light and cold, emetics, purgatives, dry enemeta, errhines, Physical exercises, suppression of the calls of nature, past acts which lead to violence or violent shocks, sexual correspondence, mental anxiety, grief, operations which cause loss of blood, waking in the night, disposition of the body in uncomfortable attitudes. By this the *Vata* (wind) in the body becomes excited, enters Amasaya (or that portion of the stomach where the food and drink enter in the first instance), there becomes mingled with the heat of the digestive fire overtaking in that state the food juice, which is the first product or result of food, and obstructs those diets which bear the food juice and the sweat. It then affects the digestive fire and expelling the heat from the *pakwasaya* or that part of the stomach where digestion progresses causes it to spread over the whole body. It is then that fever is generated. These are the symptoms which appear of fever, caused by excited wind. They are inequality or irregualrity in respect of its appearance and disappearance, inequality of the heat of the body, absense of steadiness of intensity or the reverse.

The time of exacerbation and of intensity of fevers caused by wind is after digestion at the close of the day or of the night, or at the close of summer. The nails, the eyes, the face, the urine, the stools, and the skin manifest a marked roughness and redness of hue. The whole body, besides, shows an exceedingly cracked appearance.

Many kinds of stationery and moving pains are also experienced in several parts of the body. These are—"A sensation of stupor or stupefication of the feet. A sensation of the calves being strongly tied round with cords. A sensation of the knees,

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indeed of all the joints being dislocated. A langour or excessive weaknees of the thighs.

"In the waist, the sides, the back, the shoulder joints, the arms, the shoulders and the chest, sensation of breaking, aching, pounding, crushing, cracking, pressing, and striking respectively.

"Stoppage of the functions of the jaw bones, Sounds within the cars, throbbing of the temporal bones, an astingent taste in the month or tastelessness. Dryness of mouth, palate and throat, Thirst, heaviness in the chest, as if it were pressed by heavy weight.

"Dry vomiting, dry cough, stoppage of sneezing, and eructations, inability to enjoy or discriminate the taste of any food, watery secretions from the mouth, disgust for food and drink, inability to digest, cheerfulness of both body and mind, constant yawning, inability to keep the head erect, tremours of shivering, exhaustion or fatigue, delirious, exclamations and talk, insomnia or sleeplessness, horripilation, tenderness of the teeth which generate an intolerance for acids." These are some of the symptoms of fever and the success of the doctor depends upon the exact diagnosis and tracing them to the real causes."

FEVER IN AYURVEDA

BY

ASHUTOSH ROY, L.M.S.

Hazaribagh.

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(Continued from our last issue.)

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(7) *Khetpapra combined with chireta*

Mustadi-kwath—contains besides the above two

Kur (Aplotaxis Auriculata)—stimulant, aromatic
Red Sandal wood—Fragrant, Sedative
Khaskhas—Fragrant, Sedative
Mutha (C. Rotundus)—diaphoretic

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(8) *Khetpapra combined with katki*

Ghana-chandanadi kwath—contains besides the above two

Red Sandal Wood
Khaskhas
Bala (P. odourata) } —Fragrant, cooling
Palta (Leaf of T. Dioica)—antibilious
Mutha (C. Rotundus)—diaphoretic

Relieves burning, vomiting, anorexia, thirst and fever in Vayu-pitta derangement.

Symptomatic treatment

Laxative—Triphaladi-kwath—contains

Sondal (cassia fistula)
Triphala (the 3 myrobalums) } —Laxative
Bark of root of Simul (Bombax malaborum)—alterative
Rasna (Acampe papillosa)—anodyne
Vasak (A. vesica)—expectorant

To relieve burning

Glycerrhiza
Gambhari Phal (fruit of Gruelina arborea) } —Laxative
Dried Raisins
Three myrobalums
Lotus—cooling, astringent
Mohua—cooling, stimulant
Red Sandal Wood—Fragrant, cooling
Padam Kasta (Prunus padam)—fragrant, cooling
Phalsa (Greria Asiatica)—slightly acid
Hemidesmis
Shyama lata (Ichnocarpus fructans) } —alterative
Lodhra (Symplocos Racemosa)

Prepared with Kanji flavoured with "Chameli flower" to which are added Fried paddy (khai) and Honey.

This is food and medicine combined.

Food in vayu-pitta fever

Rice gruel with mug ka dal soup or pea soup medicated with embelic myrobalum or other drugs according to indication.

(2) *Vayu-kapha fever*

Kwath in the Niram stage which begins on the 9th day. Specific febrifuge are Gulancha, Khetpapra, Neem, Aconite, katki.

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Analysis of prescriptions

(1) *In which Gulancha is the only febrifuge*

A decoction of Gulancha with Pulv. pepper

Khudradi-kwath—contains besides Gulancha

Kantikari (S. xanthocarpum)—diuretic, antispasmodic expectorant

Dried ginger (sunth)—carminative

Long pepper—carminative

Sometimes a stimulant like

Kur (aplotaxis auriculata) is added to the above.

(2) In which Gulancha is combined with Nishinda and chireta

Kiratadi-kwath—It contains besides the above two

Kantikari (S. xanthocarpum)—Diuretic, antispasmodic

Rasna (Acampi papillosa)—carminative

Dried ginger—carminative

Long pepper and its root—carminative

(3) In which Gulancha is combined with Chireta

Nabanga-Kwath—It contains besides the above two

Mutha (C. Rotundus), Diuretic, diaphoretic

Sunth (Dried ginger), Carminative

Salpa-Panchamul, Specific for kapha"

(4) In which khetpapra is the only febrifuge

It contains besides khetpapra the following

Nata-karanja (Guilandina Bonducella)—antiperiodic, antineuralgic

Boch (acorus calamus)
Coriandar
Sunth (Dried Ginger) } —Carminatives

Bamanhati (clerodendron Siphonanthus—relieves Cough

Katphal (myrica Sapida)—relieves Cough

Mutha (C. Rotundus)—diuretic, diaphoretic

Devdaru (C. Deodara)—diuretic

Haritaki (C. myrobalum)—Laxative

(5) *Another allied preparation* contains besides khetpapra and chireta

Boch (acorus calamus)—Carminative

Coriandar—Carminative

Dried ginger - Carminative

Katphal—relieves Cough

Bamanhati—relieves Cough

Mutha—Diuretic

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Devdaru—Diuretic
Haritaki—Laxative
Gandha Trina (andropogon citratis)—aromatic

(6) In which Aconite, Neem and Katki are the specific febrifuges

Pippalyadi kwath—contains besides the above three

Long pepper
Gaja pippali (scindapsus officinalis)
Dried ginger
Chai (Piper chava)
Renuka (Piper aurantiacum).
Cardamon
Ptychotis
White mustard
Caraway
—Carminatives

Lal chitra (plumbago Rosea)—stimulant
Bamanhati (C. siphonanthus) – good for cough
Indrajab (seed of H. antidysentrica)—astringent
Aknadi (Cissampelos Hexandra) – astringent
Murba (sanoveria zeylanica)—Laxative

The decoction is mixed with

Assafoetida—antiseptic, Nervine
fried in ghee (clarified butter)

It is useful in vayu-kapha fever with anorexia, pain in the head and joint, cough, Headache etc.

(7) In which Aconite is mixed with Chireta and Akanda

Brihat pippalyadi kwath—contains besides Acorite

Long pepper and its root
Chai (Piper chava)
Dried Ginger
Boch (acorus calamus)
Caraway
Renuka (Piper auranticum)
White mustard
Black pepper
Nutmeg
Ptychotis
Bidanga (Embelia Riby)
Assafoetida
—Carminatives

Chitra (Plumbago zeylanica)
Kur (Aplotaxis Auriculata)
—Stimulant

Banjamani (Hyosevamus Niger)—Nervine sedative

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Aknadi (Cissampelos Hexandra) } Astringent
Indrajab (seed of H. antidysentrica) }

Bamanhati (C. Siphonanthus) }
Sona chal (ooroxylum Indicum) } good in cough
Kakra Sringhi (R. succidama) }

Kantikari (S. xanthocarpum) } —Diuretic
Duralava (Alghai maurorum) }

Murgilota (Agava Americans)—antibilious alterative
Rasna (Acampe papillosa)—good for Vayu

It is a very complex prescription.

(8) *Symptomatic*

To relieve kapha—decoction of Long Pepper
To check deranged Am-Rasa (chyle)

Sondal (cassia fistula) }
C. myrobalum } —Laxative
Katki (Picorrhiza Kurrooa) }

Long Pepper—carminative
Mutha (C. Rotundus)—diuretic and diaphoretic

Specific in Kapha and vayu-kapha fever

Panchakol kwath—on the 9th day in vayu-kapha fever and 12th day in kapha-fever.

It relieves pain over chest and side.

In Kapholyan Sannipat give the decoction lukewarm with Rock salt.

It contains

Long Pepper and its root }
Chai (Piper chava) } —carminative
Dried Ginger }
Chitra (P. zeylanica)—stimulant

Specific for Kapha and vayu-kapha fever

Dasamul kwath

good in vayu-kapha fever

Chireta mixed with

Mutha (C. Rotundus)—diaphoretic
Dried Ginger—carminative

Another prep. contains

Katki (P. Kurrooa) }
Sondal (cassia fistula) } —Laxative
Indrajab (seed of H. antidysentrica) }
Aknadi (C. Hexandra) } —Astringent
Boch (Acorus calamus)—carminative

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(9) *Accessory procedures*

Valuka Sveda (Heat applied by means of Sand bag) relieves Kapha in head and other parts of body.

Food in vayu, vayu-kapha, vata-kaphoiyan sannipat (certain meningitis) etc.

Kabal—To keep inside mouth for mouth and throat symptom common in vayu-kapha fever

(a) Sachal salt, Rock salt, Black pepper

(b) Lime (citrus acida), Ghee, Rock salt, Black pepper

Paste—(Pralepa)

Marichadya Dwulyan

Trikatu
C. myrobalum
Lodhra (S. Racemosa)
Kur (A. Auriculata)
Chireta
Jira (caraway)
Kakra Sringhi (R. succidama)
Katki (P. Kurrooa)

Bhinimbadi Pralepa

Chiretta
Jira (Caravay)
Katki (P. Kurrooa)
Boch (A. Calamus)
Katphal (M. sapida)

Food in Niram stage—Rice gruel with Brihat Panchamul.

Kapha-pitta fever

Medicine should be given in the Niram Stage which begins on the 10th day. Specific febrifuges are Gulancha, Neem, Katki and Chireta It is more complicated as "Biruddha" (contradictory) doshes are involved.

ANALYSIS OF SOME PRESCRIPTIONS

(1) In which Gulancha is combined with chireta

Panchatikta-kwath (decoction of 5 bitters)

contains besides Gulanceha and chireta

Kantikari (S. xanthocarpum)—Diuretic, antispasmodic
Kur (Aplotaxis Auriculata)—stimulant
Sunth (Dried Ginger)—carminative

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Chaturbhadrak-kwath—contains, besides Gulancha and chireta
Mutha (C. Rotundus)—diuretic, diaphoretic
Sunth (Dried ginger)—carminative
It relives Kapha in particular.

Pathasaptak-kwath—contains the ingredients of Chaturbhadra-kwath plus
Aknadi (C. Hexandra) - Astringent
Bala (P. adourata) } Fragrant, antiseptic
Khaskhas }
It relieves fever with cough and diarrhœa.

(2) In which Gulancha is combined with Katki and the following drugs
The 3 myrobalums—Laxative
Khaskhas—aromatic
Vasak—expectorant
Bala Dumur (Ficus Hetrophila)—carminative
Another preparation contains Gulancha and Katki is
Patoladi-kwath—It contains besides the above two
Palta (Leaf of T. Dioica)—antibilious
Red Sandal wood—aromatic
Aknadi (C. Hexandra)—astringent
Murba (S. zeylanica)—Laxative

(3) In which Gulancha is combined with Neem
Guduchyadi-kwath—contains besides the above two
Red Sandal wood—astringent, aromatic
Padam Kasta (Prunus Padam)—Fragrant, antiseptic
Coriandar—carminative.

(4) In which Gulancha is combined with Neem and Katki
Amritastak-kwath—contains besides the above three,
Mutha (C. Rotundus)—diaphoretic and diuretic
Indrajava (seed of H. antidysentrica)—astringent
Dried Ginger—carminative
Red sandal wood—aromatic, astringent
Palta (Leaf of Tricosanthus Dioica)—antibilious.

(5) In which Gulancha is combined with Katki and chireta
Kanthakarjadi-kwath—contains besides the above three
Kantikari (S. xanthocarpum)—diuretic, antispasmodic
Bamanhati (C. siphonanthus)—good in cough
Indrajab (seed of H. antidysentrica)—astringent
Dried ginger—carminative
Duralava (Alghai maurorum)—diuretic

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Palta Leaf (T. Dioica)—antibilious
Red Sandal wood—aromatic, astringent
Mutha (C. Rotundus)—diuretic, diaphoretic.

(6) *Symptomatic combinations*

(a) *Vasak swarasa*—Expressed juice of vasak
It is expectorant, good in kapha

(b) *Karsa-Kataki-Kalka*
It relieves pitta and Kapha
Paste of Katki (P. Kurrooa) mixed with ghee, sugar and hot water
It is a good drink.

(c) Astringent *Nagardi-kwath* which contains
Dried Ginger—carminative
Coriandar—carminative
Khaskhas—aromatic
Bala (P. odoureta)—aromatic
Bael—astringent
Mutha (C. Rotundus)—Diuretic and diaphoretic
Simul (Bombax malaborum)—astringent

Food in Kapha-pitta fever in Niram Stage
Rice gruel with dried ginger (excess of kapha) with Palta Leaf and coriandar (excess of pitta)

Complications of fever and their treatment.

Ayurved had described ten complications of fevers as follows :

(1) "Udara-dhyan" or tympanites
(2) "Atisar" or Diarrhœa
(3) "Vaman" or Vomiting
(4) "Prolap" or Dilirium
(5) "Daha" or Burning
(6) "Pipasa" or Thirst
(7) "Kashi" or Cough
(8) "Sarbanga-gata-sula" aches and pains over the entire body
(9) "Sira-sula" or Headache
(10) "Aruchi" or Anorexia.

(1) *Tympanites*

Hingastak churna—Trikatu (Long and Black pepper and ginger)
Caraway
Rock salt
Assafoetida—made into powder.

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Sulpa-agnimukh churna—Assafoetida—relieves "vayu" in abdomen

Boch (acorus calamus)
Long Pepper
Dried ginger
Ptychotis ajowan
} —Carminatives

C. myrobalum—Laxative

Root of Chitra (P. Rosea)
Kur (aplotaxis auriculata)
} —stimulant

Indicated in tympanites with loss of appetite and constipation

Daru-shatak pralepa—

Devadaru (Cedrus deodara)
Boch (Acorus calamus)
Kur (Aplotaxis Auriculata)
Jowan (Ptychotis ajowan)
Assafœtida
Rock Salt

The above six medicinss are pasted with "Kanji"(fermented rice water) and applied over the abdomen as paste.

Java-pralepa—Pulv. Barley and Potash carbonate are rubbed in whey and applied over the abdomen as paste.

(To be continued.)

Health and Hygiene

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THE VITAL EFFECT OF DIET ON TEETH

'A Well-fed Tooth Never Decays'.

CAUSES OF DENTAL DECAY.

Why are tooth troubles so common? What causes decayed teeth, sore gums and misshapen jaws with irregular teeth? Their causes are not definitely known, but the work of many investigators has given us several practical and valuable suggestions which will aid us to prevent them.

A child's temporary teeth begin to develop at least six months before birth and are completely formed at birth, although they are not erupted until Baby is several months old. Since these teeth are made from the calcium and phosphorus and other mineral elements and dietary essentials circulating in the blood of the mother, the expectant mother's diet should contain all the dietary factors.

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There are twenty teeth in Baby's first set. The first ones to appear are the two lower central teeth which come through when Baby is from five to eight months old, then follow the four upper central teeth which should appear from the eighth to the twelfth month. As a general rule Baby should have six teeth when he is a year old, twelve when he is eighteen months old, sixteen at the age of two years, and a full set of twenty when he is two and a half years old. The time of the appearance of the teeth may vary due to a number of causes, among which are undernourishment, rickets, low vitality or a prolonged illness. They should be given care, however, from the moment they first appear, they should also to given exercise, which is easily done by giving Baby pieces of unsweetened zwieback or dry toast several times daily.

KEEPING THE TEETH CLEAN.

The child's teeth should be kept as clean as possible, this also applies to the permanent teeth, for no one is well groomed who does not have well-brushed teeth.

Children should be taught how to brush their teeth—it is not enough to give them a tooth brush and tooth paste, there is a right and a wrong way to brush them, and unless it is done correctly the movements may in great measure be wasted. The dentist is the logical person to teach a child how to brush his teeth. This makes another contact between the dentist and the child which assists in breaking down that "fear of the dentist."

Many parents believe that a child's first teeth are not very important except at teething time, and because they last for so short a period that it is useless to spend much time or money on their care But it should be emphasized that the care of the first teeth is fully as important as the care of the second set because (1) the too early loos of these temporary teeth interferes with the growth and development of the jaws, causing irregularity of the second teeth ; (2) decayed (infected) first teeth may cause injury to the second teeth which are developing at this time ; and (3) it is only when the first teeth are well cared for that a baby learns to masticate its food thoroughly.

CAUSES OF DENTAL DECAY.

Statistics show that at the age of three nine out of ten children have few or no decayed teeth, whereas at the age of six nine out of ten children have several teeth which need attention badly. The belief that the temporary teeth do not need dental care may be largely responsible for the neglect of children's teeth during this pre-school period.

Dental decay is often spoken of as a disease of childhood because after the age of twenty to twenty-five years tooth decy is not so common. Briefly the cause of tooth decay has for many years been explained as follows : Food debris becomes packed in protected places on and about

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the teeth. In this warmth, moisture and darkness bacteria thrive and produce from the carbohydrates (starches and sugars) lactic acid which dissolves out the lime salts of the enamels, and soon there develops the little rough hole known as a cavity.

Although we have been taught for many years that failture to keep the teeth clean and the presence of certain bacteria play an important role in the production of caries (tooth decay), studies of the past few years have shown that these two factors are not the whole story. Possibly there is no one cause of caries, there may be factors causing it, over which we have no control, such as glandular abnormalities. However, the work done at several laboratories and orphanages with respect to attention to diet and the supplement of it with ihe known instances, tooth troubles can be materially decreased by this means alone.

After birth there is an interval of at least two or three years during which the permanent teeth are forming. The diet of the child at this time is of very great importance if good teeth are to develop. It is unnecessary to follow special menus during this period because it is believed that if children are given milk (about a quart daily), eggs, vegetables, cereals and fruits supplemented with an abundance of the antiscorbutic vitamin, vitamin C (orange juice, lemon juice and tomato juice are excellent sources of this vitamin), and plenty of vitamin D (codliver oil, viosterol, ultra-violet light and sunshine supply this factor), all the materials are present which are necessary to make good bones and teeth. In other words, to develop good teeth, the same building material are required which are needed to build good bones.

SOURCES OF VITAMIN D.

It has long been known that the jaws of rachitic children tend to be underdeveloped, the teeth to erupt late and in many instances to be poorly formed and as a rule to decay early. During the summer, children playing out of the doors clad only in sun-suits receive in most places generous amounts of vitamin D; babies given sun-baths also receive it, but it would be wise to ask your physician whether the sun-shine in your particular locality is a good source of vitamin D or whether this vitamin in some other form, such as viosterol, should also be given during the summer.

A number of investigators found that when children were given such foods as milk and eggs which contain, among other things, calcium and phosphorous, and an abundance of vitamin C supplied by a mixture of orange end lemon juices, and raw tomatoes and lettuce, as well as vitamin D from cod-liver oil, existing cavaties did not decay further, nor did new ones develop during the several months the children were under observation. Adults have also been benefitted by such dietary treatment; it appears likely that vitamin C is of greater

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value than vitamin D in the prevention of diseases of the gums. Although this work has not been in progress long enough to state definitely just what the true explanation of the observations may be, nevertheless the results are of great practical importance. They stress the need not only of giving children the proper type of diet supplemented with vitamins C and D at the time the permanent teeth are forming, but also that adults should take a diet rich in these factors to assist in keeping their teeth and gums in good condition. Again we wish to emphasize that it is true economy for families to use liberal amounts of milk, because this food is the best and cheapest source of calcium and phosphorus, two mineral elements required in large amounts to build teeth and bones.

Although advanced scurvy is seldom found in children or adults at the present time, a number of workers on dental problems believe that mild scurvy may be responsible for some cases of inkamed gums with which dentists are so familiar because the liberal use of orange juice (one pint daily) gave marked relief to many patients. It requires considerably more vitamin C to keep the gums of experimental animals in a healthy condition than it does to prevent scurvy. We have not used the word "pyorrhea," because doubtless not every patient with sore gums has pyorrhea ; if one has inflamed gums, a competent dentist should be consulted without delay.

Althoug tooth decay and sore gums have received much attention during recent months, these are not the only problems concerned with good dental hygiene. The dentist should watch a child's mouth to see that the position of the teeth is normal, because upon these two factors depends much of the beauty and symmetry of the face. When a child is between five and seven years of age, he acquires four very important permanent teeth, one on each side of the upper and lower jaws, located just back of the fifth baby teeth. Parents often do not recongnize these teeth as permanent ones because they usually erupt without difficulty.

We have all heard the slogan, "A clean tooth never decays ;" it is probably nearer the truth to say, "A well-fed tooth never decays."

Medical News and Notes.

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WORMS IN THE BRAIN.

A Marvel in Ayurvedic Treatment.

To the Editor.

Sir,—What may be called a marvel in Ayurvedic Treatment was recently achieved by a Kaviraj named Ram Kanta Roy Kabyavyakaran

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Tirtha, Kaviratna. The son of one Khusi Sheik of Sadipur, a village in Rajshahi, got a very malignant headache. The pain was persistent and unbearable. The boy was placed under the treatment of doctors who were of opinion that it was a case of Neuralgia and tried upon the patient for a long time without success. Then the Raviraj was called in and he diagnosed it as a malady due to a kind of worms generated in the brain-pan from putrefied blood. Accordingly a medicine was applied on the patient's forehead and another medicine was given to him for inhalation. At this the nasal dicharge of blood stopped and within fifteen minutes 202 worms of a deep brown colour fell down from the nose in quick successinn. Six more were similarly extricated a few days after. The boy has almost recovered. It will be interesting if any of our well-known doctors of Ayurvedic science further enlightens us on this phenomenon. I have seen the worms with may own eyes.

Barun Gupta B.A.,
Teacher, Sardah High School, Sardah, Rajshahi.

THE INDIGENOUS DRUGS AND THEIR ECONOMIC ASPECTS.

Indigenous Drugs includes not only nhe drugs which grow in a state of nature in this vast country but also those which are cultivated. It includes all drugs whether they are used in the indigenous systems of medicine or whether they are used in the Pharmacopoeias of various Western countries. A few words about the evolution of the present day indigenous drugs will interest you. In the first place there are the drugs used in the ancient Hindu medicine. The earliest mention of the medicinal use of plants is to be found in the Rig-veda which is one of the oldest repositories of human knowledge. In the Ayurveda and two well-known works which followed it, there is to be found a remarkable description of the Meteria Medica as it was known to the ancient Hindus. Researches by the Western scholars have shown that during the few centuries preceding the Christian Era, the Indian medicine was at its zenith and the knowledge of Hindu physicians of that time in the domain of drug therapy and toxicology was far in advance of the others. They made an immense study of the properties of every product of the soil and systematically devoted their attention to the study of disease and its treatment with drugs. There is evidence that the Greeks and the Romans took great interest in the Indian drugs. Though surgery declined to a great extent during the Buddhistic period, medicine made progress. It was during this period that a large number of valuable drugs was added to the already extensive Materia Medica and the drugs were systematically cultivated and investigated.

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After the invasion of India by the Greeks, Scythians and Mohammedans successfully, the Hindu medicine rapidly declined leaving behind a rich Materia Medica.

With the coming of the Muslim conquerors the decline was even more rapid. The invaders brought with them their own healing system which was well-advanced for that period. Professor Brown in his lectures on Arabian medicine delivered before the Royal College of Physicians of London some years ago showed that the Arab alchemists, in search of the Philosopher's stone and the Elixir of life, made many real discoveries as is shown by such words as alcohol, alembic and the like. There appears to be no doubt that it was in the domain of chemistry and Materia Medica that the Arabs added most to the body of the scientific knowledge which they originally inherited from the Greeks. The Mohammedan system of medicine thus brought with it a rich store of its own Meteria Medica, quite unknown to the country.

The Arabian or the Mohammedan medicine prevalent during the reign of the Pathan and the Moghul dynasties did not make much progress and with the fall of the Moghuls it rapidly decayed. During the intimate contact between the old Hindu and the Arabian systems of medicine which lasted for centuries there was a great deal of intermingling and each utilised the Materia Medica of the other. The result was that, though both the systems had declined, a rich store of the combined Materia Medica was left behind. When the British rule was established, the Western system was introduced and it was primarily intended to give relief to those who administered the country. There being no proper system of medical relief at that time, the newly introduced system—Western system—found its way among the people and was welcomed by them. The appreciation and the demand for it extended all over the country, especially as the surgical achievements appealed strongly to the people. It also brought with it its own Materia Medica and there was further intermingling, and also the introduction of new medical plants into the country. A combination of all the drugs from the three sources together forms the Indigenous Drugs with which we are concerned to-day.

The Indian systems of medicine have been thought to be a rich mine of knowledge from which many useful things might possibly be unearthed; There is no doubt that out of a large number of drugs used by the indigenous medicine for centuries past and still in use, there may be many that deserve the reputation they have earned as cures. History shows us that many of our important pharmacopoeial drugs were known and were also used in some form or other long before they were introduced into the Western medicine and before their actions were investigated on scientific lines. On the other hand there are sure to be others of little

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therapeutic value, that are given only because they are mentioned in some old manuscripts and no one has taken the trouble to confirm the truth of these statements. Attempt must be made to separate the good ones from the useless ones, and for this a systematic investigation of drugs must be undertaken. The scientific mind is not satisfied by mere statements, no matter from what source they originate, unless corroborated by clinical and experimental evidence. This course necessitates careful work, which means laborious study. The active priciples responsible for the therapeutic action have to be isolated and worked out. The way in which the effect is brought about and the manner in which the important organs of the body are affected have to be determined by animal experiments. Then comes the question of making suitable preparations, and as to how to preserve them, so that their employment is independent of climatic and seasonal variations The standardisation of drugs and preparations by chemical and biological methods of assay is an important factor to secure therapeutic uniformity so that the amount of active principle in each dose is not subjected to irregular variations. These variations for obvious reasons are most undesirable, and may do more harm than good, especially when one is dealing with potent drugs. Fresh juices and decoctions may be efficacious but for all practical purposes their utility must necessarily be limited. Until these drugs are investigated on rational lines their use by the profession in India must be restricted, while other countries not bound by these traditions will use them only when the case is proved as to their utility.

Much more could be done in furthering the cause of indigenous medicine and making it really useful to the people in this country by a thorough study of the indigenous drugs than by wholesale revivals of the old systems under vastly changed environments. The active and useful drugs should be separated from those which are inactive and worthless and they should be brought into use for relieving the sufferings of the vast masses of humanity in this country. The economic condition of the people is so poor that many of them cannot afford to use the expensive medicines of the Western system. The result is that the majority of the ryots have either to go without any medicine or rely on the crude drugs sold in the bazaar, many of which are active, yet many others have not the therapeutical activity they are alleged to have.

A careful survey of the literature on indigenous drugs showed that investigations on such lines were not carried out. Most of the older literature deals with the botanical aspects of medicinal plants. Later on attempts were made to chemically analyse many drugs and carry out clinical trials.

Admirable as all these attempts were, yet the pharmacology of most of the indigenous remedies remained an unexplored field till recently. The reason of this is not far to seek. Investigations of this nature require a

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considerable outlay of money in the form of well-equipped chemical and pharmacological laboratories; and a liberal staff of competent chemists and pharmacologists is also essential. Medicine is now intimately related to chemistry, and the ultimate solution of most problems, whether physiological or biological, rests on some physical or chemical basis. The time and labour required to work out the chemical composition of a single drug are enormous. This may be judged from the fact that would take an experienced chemist several months, perhaps a year or more, to isolate in a pure state and roughly estimate the nature of the different chemical constituents of a single crude drug. The determination of the chemical constitution of the active principles concerned would take considerably longer period, provided the chemist devoted his time entirely to one active principle. The isolation of a sufficient quantity of the active principles and testing them pharmacologically would take several months.

The situation must, however, be faced. As the action of these drugs or their active principle can only be established by a careful chemical, pharmacological and clinical study, the investigation of all the three aspects should be carried on side by side. The experimental work on the pharmacological side can be done only in laboratories well-equipped with all modern appliances. None existed in this country to enable one to do the work till the Calcutta School of Tropical Medicine was established in 1921. For the first time in the history of India, a chair in experimental Pharmacology was established, one of the main duties of the incumbent being investigation of the indigenous drugs on scientific lines. The chemical department of this institution has a team of experienced chemists who work out the chemical composition of drugs, isolate their active principles, and hand them over to the pharmacologist for determination of their action on animal organism. The clinical testing of the drug is made possible by the Carmichael Hospital of Tropical diseases, a purely research hospital attached to this institution. In this way it has been possible to go through a number of drugs in all the phases of their investigation, *i.e.*, from the isolation of their active principles to the testing of their action on animals and finally making suitable preparations for trial on patients and recording the results of such therapeutic trials.

Three main aspects of the problem.—After a careful survey of the Indian Medicinal Plants, three aspects of the problem forcibly presented themselves from scientific as well as economic points of view. The research on indigenous drugs initiated by us at the Calcutta School of Tropical Medicine was, therefore, undertaken with three main objects in view.

(1) To make India self-supporting by enabling her to utilise the drugs produced in the country, and by manufacturing them in a form suitable for administration.

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(2) To discover remedies from the claims of the inidgenous medicine —Ayurvadic, Tibbi and others, so as to be employed by the exponents of Western medicine.

(3) To discover the means of effecting economy, so that the medicinal remedies can come within the means of the great masses in India whose economic condition is very low.

The first proposition is likely to lead to great results, because a large number of drugs which grow in this country are known both to Eastern and Western medicine and the properties and actions in many cases are not unknown. The research here might with advantage be diverted into main channels. Firstly there are many drugs of established therapeutic value which are in use in the pharmacopoeias of different countries. The majority of this grow wild and in great abundance in many parts of India and a certain number are even cultivated. Some of these are collected and exported, though an infinitesimal fraction of the quantity produced, to foreign countries, and come back to us in the form of standardised pharmaceutical preparations and active principles in pure condition, probably at a price a hundredfold of the original crude product. A host of others grow, mature and eventually die without being put to any use whatsoever. There are numerous examples but a few will suffice to illustrate the possibilities of their development.

Atropa Belladonna grows in great abundance in a state of nature in the Himalayan ranges from Simla to Kashmere, at an altitude of 6,000 to 12,000 feet above the sea level. Large quantities of the root are collected in Hazara district of North-Western Frontier and during recent years have been exported to Europe and America. *Hyoscyamus niger* is a native of the temperate Himalayas at an altitude of 6,000 to 10,000 feet and a good quantity of the drug can also be grown in the plains of the Punjab. A number of species of *Menthe Aconite*, and *Juniper* grow all over the Himalayas ; *Juniper communis* occurs abundantly in some parts of Kashmere. *Valerian Indica* can be found in large quantities in Kashmere and Bhutan. A number of varieties of *Artemesia* grows in the northern Himalayas and the mountain ranges of North-Western Frontier and santonio bearing *Artemesia brevifolia* grows abundantly in Kashmere and in the Kurrum Valley. A very good quality of *Podophyllumemodi* is found within the higher shady temperate forest of the Himalayas from Sikkim to Kashmere at a height of 6,000 to 7,000 feet. The forest Department has now taken up its cultivation in the Punjab, United Provinces and North-Western Frontier Province.

Besides these there are a number of pharmacopoeial drugs which are widely used by the medical profession, but which do not naturally grow in the country. They do very well, however, when they are

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cultivated under proper conditions in suitable parts of the country. Examples of such drugs are numerous but a few of the important ones such as *degitalis*, *ipecacuanha*, *eucalyptus*, *cinchona*, *jalap*. etc., may be cited. They were introduced into India many years ago and are growing well. On account of the great demand for these drugs their production in this country would be of some economic importance, especially in view of the gradual extension of the Western medicine among the masses. India possesses most wonderful variability so far as the temperature and general climatic conditions are concerned and every conceivable drug ranging from those growing in the hottest tropical and damp climates to those growing in dry, temperate and very cold climates can be grown and acclimatised in some part or other. From the geological point of view also every grade of soil from alluvial deposits to hard rocky formation and sandy deserts are met with. Professor Greenish of the London School of Pharmacy rightly said that "India, owing to the remarkable variations she possesses of climate, altitude and soil, is in a position to produce successfully every variety of medicinal herb required by Europe"

It should be remembered, however, that the soil, the season and the gathering time are some of the important variable factors with plants, and it can hardly be expected that the amount of active constituents would be constant under all conditions. In some cases the quality is good and constant, but in the majority of instances the percentage composition of the active principles has yet to be determined by careful methods of chemical and biological assay, to show that these remedies growing in a state of nature, are as good in quality as those of imported varieties. If they do not come up to the required standard, the best method of bringing them into general use by improving the quality of the active principles by suitable cultivation in parts of the country where this can be done economically, has yet to be determined.

Secondly, a large number of plants grow in India which, though not exactly the same, have similar properties and actions resembling the imported and often expensive remedies, and would form excellent substitutes. Not infrequently it is some closely allied species which is pharmacologically just as active. That many such plants do exist there is very little doubt, but since no effort has been made to work out their medicinal properties on scientific lines, or to confirm the work already done, there appears to be a great deal of uncertainty about their action. Unless this is done, it can hardly be expected that they will be taken into use by the profession, in place of more certain and tried remedies. There are numerous examples but a few may be cited. *Colchicum luteum* Baker grows on the slopes of the western temperate Himalayas and would form an excellent substitute for the official *C. autumnale*. *Scilla indica* grows extensively in the sea-coast and on the

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drier hills of the lower Himalayas and the salt range and would make a good substitute for *S. maritima*. *Ferula narthex* from which a gum resin resembling asafoetida can be obtained in Kashmere. The properties of *Picrasma quassioides* and *Gentian kurro* resembles those of *Picrasma excelsa* and *Gentian lutea* of the British Pharmacopoeia respectively.

In both these groups there is an enormous field for research and development. If these drugs are investigated, their active ingredients recognised, their percentage composition determined, their action established and standardised and pharmaceutical preparations manufactured, the economic benefit will be immense to the country.

The economic importance of the first proposition can only be fully appreciated by studying the position of the drug trade of India. A study of the figures of the total values of imports and exports during the last 25 years brings out some remarkable facts. For the purposes of comparison I have put them in the form of a graph,* the upper curve representing the import and the lower curve giving the export figures. Apart from the peaks and depressions at various points, the curves show a gradual tendency to rise, thereby indicating that both the import and export trades have considerably increased during the last 20 years, Thus in the year 1908 09 the value of drugs exported from India amounted to Rs. 15.5 lacs against imports which amounted to Rs. 73 lacs. In the year 1928-29 the export and import value of drugs were respectively 42 lacs and 200 lacs. This shows the remarkable exent to which the trade has increased and at first sight this would appear to be a very satisfactory state of affairs A closer scrutiny, however, reveals that the imports are proportionately very much larger than the exports. This means that while much raw material is going out of the country, very considerable quantities of refined preparations manufactured in foreign countries are coming into the Indian market.

If we now go a little more into details and study the reasons for the large excess of import over exports, we are struck by the fact that most of the imported drugs are standardised pharmacopoeial preparations such as galen cals and purified alkaloids in many cases manufactured from the similar drugs that have been exported. Besides these, there is a large import of proprietory or patent preparations.

A perusal of table II* shows that over 100.9 lacs worth of the former group under the heading of other sort "of drugs and medicines" and 42.8 lacs worth of the proprietory preparations were imported in 1928-29. The proprietory and patent medicines have shown a phenomenal increase during the last five years, *i.e.*, from about 25.0 lacs have increased to 42.3 lacs. This shows the increasing extent to which the Indian market

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is being exploited by the manufacturers of these remedies. The figures showing pharmacopoeial preparations and chemicals have risen from 87.8 lacs to 114.3 lacs in 1927-28 but show a slight decrease to 100.9 lacs in 1928-29. The import drug trade taking all round shows a definite and marked increase during the last five years, *i.e.*, from about 25 lacs has increased to 42.2 lacs. This shows the increasing extent to which the Indian market is being exploited by the manufacturers of the remedies. The other items of interest in this table are camphor, whose import is steadily on the increase and quinine salts which have been showing some fluctuation but on the whole show an appreciable increase.

The most outstanding figures in export table III are those under the heading "Total Drugs and Medicines" which show a steady increase from 35.8 lacs to 41 6 lacs during the last five years. This may at first sight appear to be promising, but for the much larger increase in value of prepared drugs imported.

It will be seen that all these drugs in crude forms are annually exported from India to foreign countries at a nominal price, are utilised in various medical and allied industries and a portion of them at any rate is returned to India in the form of expensive preparations. The finished products naturally fetch considerably higher prices and hence the increase in the export revenues only shows to what an extent the Indian raw materials are being utilised by the drug manufacturers of other countries to their own benefit.

The second proposition of popularising and introducing new drugs to Western medicine is a more difficult problem. Since the period of decay and recompilation many of the effective remedies were lost and a number of uncertain ones came in. The result is that in the indigenous systems at the present time also, every plant and shrub growing in the country has ascribed to it some medicinal property. These beliefs, in some cases, originate from the teaching of the ancient commentators and are based on clinical data, but in others there is nothing reliable. Their introduction was empirical and often a drug was used simply because a single case happened to have derived some benefit from it. In this way remedies have multiplied without proof but by belief, and as they hail from all parts of India, no one seems to have a correct notion about their uses and properties. The employment of a large number of them would thus appear, as in Western medicine, to have been based on empirical evidence that has been handed down from generation to generation. A thorough and complete research into all these drugs would occupy the life-long work of innumerable chemists, pharmacologists and physicians. For practical purposes, the method adopted has been to make use of the experience of the exponents of those systems. Further we are taking up those drugs which have great local reputation for investigation before touching the less reputed reme-

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dies. Besides, many of these drugs have been clinically tried by some of the medical men practising Western medicine and who have expressed their opinion regarding their efficacy and this has also been helpful to us in the selection of drugs to be investigated.

Dr. Koman of Madras some years ago made a clinical study of the medicinal properties of a large number of the indigenous drugs. According to him a number of drugs were of value when tried on patients but he recommends that further research on scientific lines is necessary before they can be recommended for universal adoption.

A retrospect of results achieved—The investigation of drugs used in the indigenous medicine was started nearly a decade ago and much has been accomplished during this short space of time. A number of important medicinal plants prescribed by the practitioners of the indigenous systems have been carefully investigated from every point of view and the results have been published from time to time. Their chemical composition has been determined, the pharmacological action of the active principles worked out by animal experimentation and finally suitable preparations made from the drugs have been tested on patients in the hosptial. It is only by such a thorough enquiry that the real merits of these drugs can be proved and a demand created for them not only in India but in other parts of the world as well. This laborious work has brought out the merits and qualities of certain drugs and it has been shown that they may prove to be very useful additions to the present armamentarium of the medical men to relieve the sufferings of humanity, if they are taken into general use. Such drugs unfortunately are not many. A large number of those examined showed a certain amount of activity but were not found to be superior, in fact in many cases are not nearly so efficacious, as the drugs already possessed by the pharmacopoeias. A third group of these drugs comprised of those remedies which although largely used in the indigenous medicine were found to have little or no activity whatever.

The third and the last proposition is to effect economy, so that these remedies may reach the masses. This is only possible if the price of the drugs be considerably reduced, for in a poor country like India, there are millions of peope who cannot afford any kind of treatment whether cheap or expensive and have consequently to depend upon charitable medical relief institutions. The cost of drugs is so heavy that most of these institutions, which have only a limited annual budget for drugs, are not able to cope with the demand for such common and essential drugs as quinine, castor oil, magnesia, etc., to say nothing about the expensive medicines which are sometimes necessary.

The only way in which drugs can be cheapened and brought within the means of the masses is to utilise the local resources and substitute the indigenous products for the more expensive imported preparations

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of the Western medicine. This can be done by encouraging the production, collection and manufacture of the local Materia Medica, by preparing pharmaceutical preparations in a systematic manner. By local production and substituting equally potent drugs of Indian origin for imported drugs, the cost of treatment can be considerably reduced. We have already made reference to these remedies and the possibilities of their development. Their active principles can be isolated, and standardised preparations such as tinctures, extracts, powders, etc. can be prepared without difficulty with inexpensive apparatus. If this is done on a large scale it will be possible not only to save the seaborne freight but many other charges. Crude drugs, we have pointed out, are exported from India at a very low price and are reimported in many cases in the form of refined, standardised preparations at many times their original price. Carriage and freight charges to and from the port of import and export have to be considered at both ends. The actual seaborne freight may not be much but the insurance charges, agents' commissions, export and import custom duty and excise duty on alcoholic preparations greatly increase the price to beyond the means of the ordinary ryot in India, as the consumer must eventually pay all these charges. Besides that, owing to cheapness of labour in this country, enormous reduction in the cost of manufacture could in all probability be effected.

Secondly by using crude drugs and preparations the cost of treatment could be considerably reduced. The utility of the Western medicine to the masses in India has been limited by reason of its costliness. Its further progress, in spite of all efforts that are being made, is being hampered for economic reasons. Because of the poor returns of agriculture and the small wage earning capacity of the people, those who desire can afford only the cheapest remedies and treatment. As long as the economic conditions of India remain as they are at the present time, so long will the average villager demand, and very naturally too, something within his means *i.e.*, medical advice costing a few annas and the treatment costing less. The separation and purifying of the active principles from drugs or making standardised preparations naturally involve a considerably additional expense. A great many of the maladies of every day-life for which drugs are used are of a minor nature. Many of the crude drugs available in the bazars if intelligently used are very nearly as efficacious as the refined preparations, and the substitution of such cheap products is bound to bring down the cost of treatment to a minimum. Crude vegetable purgatives are often as effective as the elaborated products. Economy can also be effected in many of the most widely used drugs in this country and many examples can be cited. For many years quinine was separated from the total alkaloids of cinchona bark under the impression that it was the only

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effective alkaloid against malarial infections. The isolation and refining of this alkaloid naturally made it more expensive. The researches of Acton, McGilchrist and Fletcher have conclusively shown that the other three of the main alkaloids occurring in the bark are also effective against this one of the most widespread of all diseases in the tropics. The total alkaloids of the bark in the form of cinchona febrifuge, therefore, were extensively tried and after careful observations have been found to be quite as effective as the purified quinine itself. During the war the price of quinine went up to Rs. 55 per pound and, although it has come down considerably of late years, it is still fairly high. The result is that most of the hospitals and dispensaries in the mofussil who have got a limited annual budget can only afford a limited quantity of this important and essential drug, which is quite inadequate to meet the demand. In order to supply quinine, the supply of other often important drugs has to be curtailed. The substitution of the total crude alkaloids (cinchona febrifuge) in place of purified quinine has not only effected a great saving (large quantities of quinine salts are being imported) but has done much to bring the treatment of malaria within the means of the poor, thus alleviating the sufferings caused by this one of the most universal and incapacitating of all diseases in this country. The total alkaloids of ipecacuanha have also been shown to be nearly as effective against amoebiasis, which is also very prevalent in this country, as pure emetine. Then again in the case of *H. antidysentrica* it has been found that the total alkaloids and the galenical preparations made from the bark are better than purified conessine. The tincture made from *Ephedra vulgaris*, introduced by the author, is just as effective in the treatment of asthma, cardiac failure, etc., as the very expensive alkaloid ephedrine. Such examples may be multiplied. It should be possible to prepare tables from many of the indigenous drugs which could be sold at a very cheap price. Attention to this subject is of great importance to this country, because economy and low cost of advice and treatment are of paramount importance to any plan of medical relief that can hope to succeed in our country.

The resources of India are vast and inexhaustible and it can be said without any exaggeration that India can supply the whole of the civilized world with medicinal herbs. Leaving aside the drugs used in the indigenous systems for the moment, whose therapeutic value has not been investigated, in the majority of instances on scientific lines, most of the pharmacopoeial drugs grow in great abundance and a careful survey of medicinal plants growing in India is in progress, and it is shown that ¾ of the pharmacopoeia are found to grow in some part of India or other.—*Lecture by Lt. Col. R. N. Chopra.*

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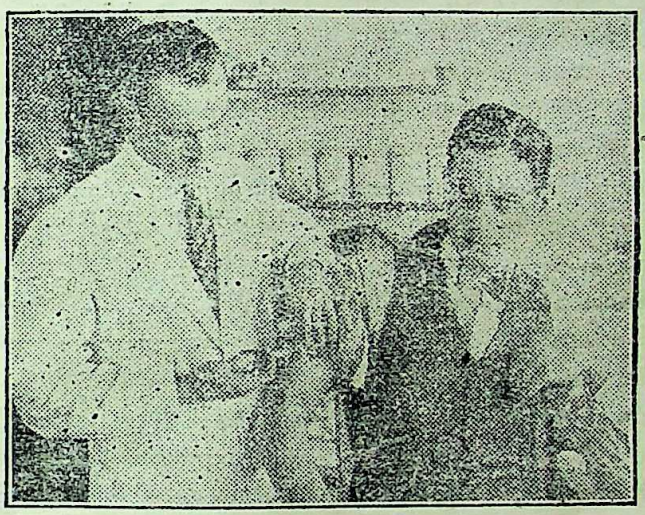
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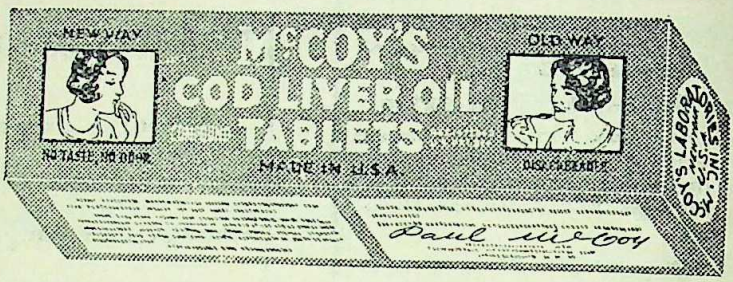
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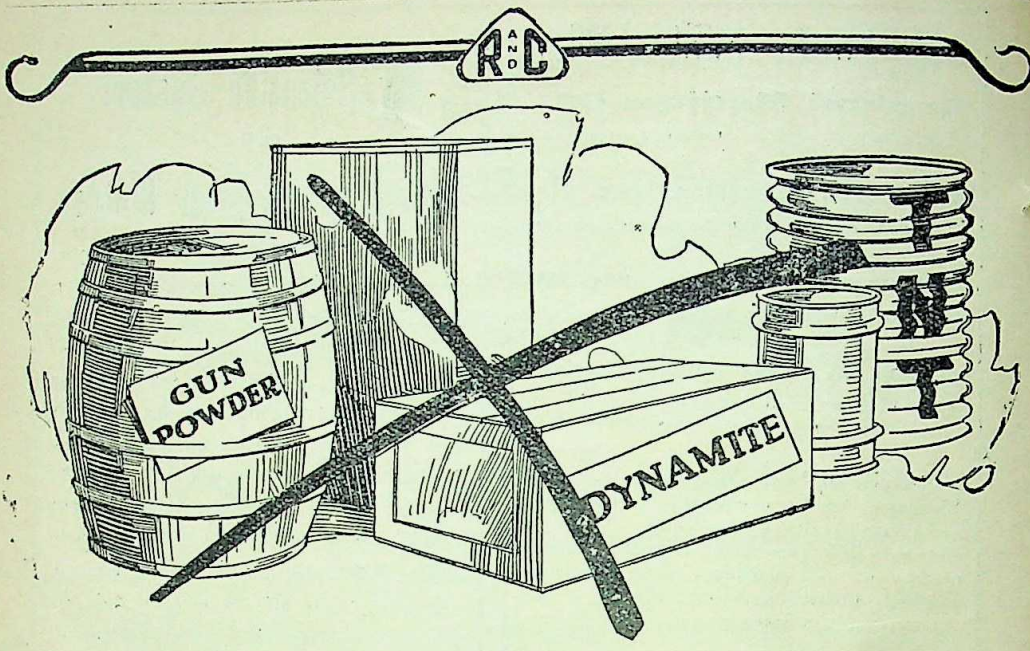
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The Science of Medicine

The word Science means a collection of systematized knowledge. Knowledge of any subject is always shorter than truth and as such science itself is always imperfect. The science of medicine is thus a system of knowledge about health and disease. As is the case with other sciences, Medical science is also imperfect. This is why there are extant so many schools of medical science.

Men like other animals are born and are destined to stay in Nature. However great the position man may attain, he cannot totally ignore nature. The real progress of him is in his spontaneous struggle with unagreeable influences of nature and he attains the highest perfection possible to mankind when he is successful in conquering and harmonising the different and apparently disagreeable influences of nature. But man cannot live outside nature ; he has got to live in nature and be influenced by her in his daily walk and is thus constantly in struggle.

The science of medicine tries to find out ways and means to harmonise the above said different influences of nature and thus ameliorate the worries of man during his struggle with nature. As already mentioned, there are different schools of medical science with different methods to solve this eternal problem of health and disease. The medical science is as old as the man himself because health is eternally wedded to disease. In the primitive stage, the science was also very crude and medicine did not go beyond the use of a few herbs. With the progress of civilisation, the primitive

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life of man became more and more complex, with the result that he tried to ignore nature and live outside her influence, thereby creating for himself an artificial world where disease or rather revenge of nature is always threatening him. Thus at the present time, diseases are more numerous and more complicated than those of ancient times. The science of medicine therefore had to make a great progress in order to cope with the situation. The Allopathic system of medicine (Scientific system of Medicine) tries to solve the question by experiment and research. The followers of this system attribute diseases to some pathogenic organism or Bacteria and try to find out medicines to kill them. The method sounds quite rational but on examination some flaws will become very prominent. The disease-germs that are powerful enough to overpower the natural protective elements of the human system are no doubt very strong and it is but natural that very strong medicines are to be used to kill these strong germs. The diseased system, already weakened by the attack of an acute disease, may become weaker or sometimes may totally collapse when under the influence of such strong medicines. Again there are some mysterious diseases of which the positive germs are still to be found out. Treatment of these diseases according to this system is therefore unscientific.

The Homœopathy, a new born science, teaches us to treat diseases symptomatically. Homœopaths do not care much for the Bacteria and attribute diseases to three principles : Psora, Psychosis and Syphilis. According to them, acute diseases may be treated by observation of symptoms, but chronic or subacute diseases should be treated according to the three principles named.

The Ayurvedists or the followers of Hindu system of medicine attribute diseases to "मिथ्याहारविहारेण" *i.e.* incompatible diet and behaviour against codes of health. On the other hand, they do not ignore bacteria or

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treatment by contrary as is the case with the Allopaths. But their superiority over the Allopaths lies in the fact that although some diseases are caused by Bacteria according to them they do not hold Bacteria to be solely responsible for the diseases. They hold that Bacteria is one of the factors causing the diseases. Accordingly, they do not try to kill the bacteria but they treat the individual body itself. Their treatment consists in their making the body impossible for the Bacteria to stay or grow, so that their treatment is more human and less risky. Besides this, their whole science is based on the firm rock of Tridosha Theory and they have never had any reason to change same like the votaries of the scientific system. The Homœopaths have also got a very great benifit from Ayurvedists in so far as their dilution and trituration of medicines are concerned. The use of metals in all the systems of medicine has also been introduced by Ayurveda. The broad outlook of the Ayurvedists will be acknowledged by everybody when he comes across the following line at the very begining of Charak Samhita, the Pioneer Work in Ayurved :—

"तदेव युक्तं भैषज्यं यदारोग्याय कल्पते।"

That which cures a disease is the right medicine.

The Arabian or Unani System of medicine is closely allied to Ayurveda, but lacks in the latter's broad outlook and scientific basis, the Materia Medica portion only corresponding closely to that of the former. Recently, in some countries Naturopathy or healing art according to principles of nature is gaining popularity. The followers of this system try to treat diseases in natural ways by the administration or water, sun light and pure air. They hold that diseases are caused by man's violation of the laws of nature and as such treatment should consist of adjustment of those laws. They use very little drugs and the few drugs they use are mostly herbs. This system may thus be considered as an offshoot of the great

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Ayurvedic system which teaches how to lead life in agreement with nature, such as दिनचर्य्या, ऋतुचर्य्या etc.

In conclusion, it is our duty to sound a note of warning to the followers of all the different systems against vilifying each other. Medical science, after all, is not perfect and science is not a monopoly of a particular sect or person. Every physician, whatever may be his calling, tries to cure his patient according to his science or method. Success in curing a patient is not always the criterion of a good physician, because cure rests on many factors besides the skill of the physician. The skill of a physician consists in ameliorating the symptoms of the disease and giving relief to the patient as far as practicable, the ultimate result lying with the resisting power of the patient and the will of God. Every system of medicine has got its own principles and the votaries of them try to follow these in their practice. There may be shortcomings and imperfections but that do not take away the merit of the system. The real system of medicine should be one, unifying all these different schools and thereby forming a united system in which all the good things of all the schools should be given place, so that this united system may be more perfect than the disjointed individual sciences. This will also put a stop to all unpalatable criticisms and ill-words that are used every day against each other.

H. N. C.

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Original Articles

FEVER IN AYURVEDA

BY

ASHUTOSH ROY, L. M. S.

Hazaribagh.

(Continued from our last issue)

(2) *Diarrhœa*

Siddha-Praneswar-Rasa—Mercury, Sulphur, Mica, Potash Nitras, Borax, Potash carbonate.

The 5 salts or Pancha Laban—(Black salt, Rock salt, Sambhar salt, Sonchal salt and sundried sea-salt)

The 3 myrobalums or "Triphala"—(Chebulic, Beluric and Embelic myrobalums)

The 3 carminatives or "Trikatu"—(Long and Black pepper and Ginger)

Assafœtida

The 2 varieties of jira (caraway)—Ptychotis ajowan

Kurchi (H. antidysentrica)

Chitra (P. Rosea)

Bidanga (Embelia Ribes)—anthelmentic

Sulpha (Peucadanum Graveoleus)

NOTE—If there is much vomiting give instead of Assafoetida "Sathi" (curcuma Zeodoaria.)

Adjunct—with juice of Mutha (C. Rotundus), if diarrhœa with "Pitta" or stools are bright yellow and excessively bile-stained. With pulv caraway and honey if slight diarrhœa with tympanites.

The dose is to be gradually reduced as the looseness of the stools progressively subsides.

Pran:swar Rasa.—Mercury, Sulphur, Mica, Borax, Potash carbonate, the five salts.

Caraway, Ptychotis ajowan,

Kurchi (H. Antidysentrica).

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Chitra (P. Rosea).
Vidanga (E. Ribes).
"Sulpha-Sag" (Peucadanum Graveolens).
Dhania (Resin of shorea robusta).

Adjunct—Mutha (C. Rotundus) and honey
or Pulv caraway and honey.

Sarbanga-Sundar or Maha-Gandhak—"Kajjali" (made of mercury and sulphur).
Nutmeg, Cloves, Cardamon.
Nim (M. Azadirachta).
Nishinda (V. Negendo).

It is useful in diarrhœa, dysentery and mucous diarrhœa, specially good in suckling children, in children in general and in women after delivery.

Adjunct—In mucous diarrhœa, with fried pulv caraway and honey or with burnt "Bael" fruit and old Treacle.
In dysentery—with sugar of plantain and juice of pomegranate.

(3) *Vomiting and Nausea.*

Pippalyadya-Louha.—Prepared Iron, Long Pepper, Embelic myrobalum
Raisins, Glycerrhiza, Sugar
Inside of Seed of "Kul" (plum—Zigyphus jujuba)
Bidanga (Embelia Ribes)
Kur (Aplotaxis auriculata).

It is useful in fever accompanied with severe nausea, in nausea due to worms in the abdomen, in hiccough with nausea, in bilious vomiting (not so good in vomiting fo Indigestion).

Adjunct—Inside of seed of "Sosha" (cucumis sativus) and human milk.

Chandra Kanti Rasa.—Makaradhwaj mixed with
Young flower of Chalta (Dillenia Indica)
Inside of seed of Kul (Indian plum)
Indicated in vomiting with diarrhœa
Adjunct—Human milk and inside of seed of plum
Swarna-matsandi—Gold and silver, Pearl and Coral, Mica and Iron, Makaradhwaj and Sugar-Candy
Adjunct—Inside of seed of "Sosha" (C. sativa)

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Krimi-nasak-joga—Pith of inside of "Khejur" tree (date palm) with "misri" (sugar candy)

For vomiting of worms.

Chardi-hara-joga—burnt ash of dried bark of Pepul tree (Ficus Religiosa) relieves Hiccough with vomiting.

(4) *Dilirium*

Siddha-bati—powder of bark of Ficus Religiosa ("Aswatha"), of spondias mangifera ("Amra")

Makaradhwaj

Seed of Dhatura

Rubbed with ginger juice

Adjunct—Honey and ginger juice.

Prolap-Nibartak—opium and camphor mixed into pill.

(5) *Burning*

Daha-manjari—Mercury, Sulphur, Red Sandal Wood,

Kurchi (H. antidysentrica)

Katki (P. Kurrooa)

Indicated in burning due to excess of "Pitta" derangement, after severe menorrhagia, in burning of sannipat fever.

The medicine should be stopped when diarrhœa sets in.

Dahantak-Louha—

Red Sandal Wood.

Inside of seed of "kul" (Indian plum)

Bhringaraj (Wedalia calendulaceæ)

Sugar from cane

Iron

Kurchi (H. antidysentrica)

Rubbed with juice of "Bhringaraj" (W. calendulaceæ)

Indicated in burning of "pitta," "vayu-pitta" fevers accompanied with vomiting, diarrhœa and loss of consciousness.

Contraindicated if "Kapha" is excessively deranged.

Daha-hara-lep—paste of the following to be applied

Priyangu (Aglaia Roxburgiana)

Lodhra (symplocos Racemosa)

Khas-khas (Andropogon Khaskhas)

Pollen of flower of "Nag-kesar" (mesua fera)

Tejpatra (cinnamum Tamella)

Kaibarta-motha (Hexastochus Roxburghi).

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(6) *Thirst*

Sadanga paniya—

"Mutha" (tubers of C. Rotundus)
"Khetpapra" (oldendalia corymbosa)
Red Sandal wood
Root of Khas-khas
"Bala" (Pavonia odouretta)
"Sunth" (dried ginger)

Made into decoction—It relieves both thirst and bodyheat

Trishna hara-joga—

Pulv. fried paddy ("Khai") with hot water and honey to keep inside mouth repeatedly.

Raisins, Red Sandal wood, Date and Khas-khas to be put in hot water and strained and a little honey added.

Coriandar crushed and dissolved in lukeworm water for 3 hours, strained and a little sugar added.

(7) *Cough*

In cough associated with headache, the best adjunct is ginger juice and honey.

Kasantak-Rasa—mercury, sulphur, aconite, coriandar, salpani (Desmodium Gangeticum), Pulv. Black pepper and water.

Adjunct—with ginger juice and honey if cough is slight.

Kas Kuthar—mercury (from "Hingul") sulphur, Borax
"Trikatu" (3 pungents)
Made into pills with water

Adjunct—Juice of 'vasak" leaf and honey or Juice of "Tulsi" (occimum gratissimum) and Rock salt.

Chandramrita-Rasa—

Mercury, Sulphur, Iron, Borax,
"Trikatu," "Triphala",
Piper chava, coriandar, caraway,
Rock salt mixed with goat's milk.

Indicated in dry hacking cough

Adjunct—Juice of betel leaf (antiseptic) and honey, juice of "Babui Tulsi" (O. gratissimus) and Rock salt if cough much dry.

Juice of "vasak" and honey, if old-cough.

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(8) *Aches and pains all over the body.*

Bata-gajankusa—Red oxide of mercury, Iron and Iron-pyrites, orpiment
Aconite, Borax
C. myrobalum (Haritoki)
Rhus succidanea (karkat-sringhi)
"Trikatu"
Premna serratifolia (Ganiari)
Rubbed with juice of vitex Negundo (Nishinda) and of sphœranthus Indica (Thalkuri)

Adjunct—with ginger juice and honey—if constipation
with ginger juice and Rock salt—if no constipation
with juice of Vitex Negundo and honey—if with heaviness of head.

Ramban Rasa—Mercury, sulphur, aconite
Black pepper, Nutmeg and cloves
Mixed with juice of unripe tamarind

Indicated in pain accompanied with indigestion and wind, acid eructations and loose motion,

Adjunct—If motions loose—with water or juice of C. Rotundus and honey. If with loose motion there is acid eructations and typanites—with pulv. caraway and honey.

Rasnadi-kwath—vitex Negundo, dried ginger and garlic

Indicated in aches and pains in sides of chest, back and other parts of the body as a result of exposure or due to cold applications.

Valuka-sveda or Fomentation by heated sand

Nishinda-sveda or Fomentation by heated leaves of vitex Negundo.

(9) *Anorexia.*

Sudhanidhi Rasa—mercury and sulphur are boiled with decoction of Danti (Baliospermum montana), then dried in the sun ("Bhapna") after mixing with ginger juice, "Jambir or cholanga Nebu" (a variety of Limu) to which are added Borax, Pulv. cloves and aconite.

Adjunct—Pulv. ginger and Treacle.

Amladya-Joga—Embelic myrobalum (Amloki), dried Raisins and cane sugar, to be kept inside the mouth with hot water for some time and then thrown out.

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Darimbadya churna—Pericarp of Pomegranate
Treacle from sugarcane
Trikatu
Cinnamon, cardamon and
Tejpatra (Leaf of cinnamum tamala)
And taken with hot water.

(10) *Headache.*

Lakshmibilas—Iron and mica, aconite
C. Rotundus (mutha)
Trikatu, Long pepper
Seed of Dhatura and of canabis
Bark of Briddha-daru (Gmelina Asiatica)
Tribulus Terrestris (Gokshura)
Rubbed with juice of Dhatura Leaves.

Adjunct—with juice of V. Negundo and of Erithrina Indica (Palidamadar) with ginger juice and betel leaf juice and honey, if there is constipation.

Salpa Lakshmibilas—mica, mercury, sulphur, camphor, nutmeg
Seed of Gmelina Asiatica, of Dhatura, of canabis
Ipomœa Digitata (Bhui-kumra)
Asparagus sarmentosus (sata-muli)
Sidi cordifolia (Berela) and Rambifolia (Nagar-bala)
Seed of Tribulus Terrestris (Gokshura)
Seed of Euginea Acutangula (Hijle)
Rubbed with betel leaf juice.

Indicated in Fever with headache, in weak and chronic invalid with "Vayu" diathesis before the advent of rise of temperature, also relieves discharges from eye, ear and nose etc. as a result of "Kapha"

Adjunct – Betel leaf juice with honey, if not constipated, ginger juice and honey if constipated.

New or Modern Ayurvedic Treatment of Fever

With the advent of the Tantrik period, the knowledge of Chemistry progressively increased and the mineral drugs came to be better studied and the vegetable drugs of the times of Charak and Sushrut were more or less replaced by metallic and mineral drugs. Later on the two schools were blended into the modern school of Ayurvedists who judiciously combined the vegetable drugs

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of the old school with mineral and metallic drugs of the new school in their prescriptions.

In the good old days with better hygiene, open air life coupled with vigorous physical exercise, want of worry and anxiety, the people were generally more robust and healthy and the slight associated auto-intoxication from the Intestines (the great cesspool of the body) in fevers were corrected by Langhan (fasting). The patients being generally stronger could bear longer periods of fasting. Later on with the advance of civilization, the increased mental strain of living, and less open-air life, the health of the Nation progressively deteriorated and there was more auto-intoxication from the Gastro-Intestinal tract for which fasting alone was insufficient and powerful drugs were necessary not only to check the auto-intoxication specially in view of the fact that patients could bear less fasting, mercury was the sheet anchor of modern school to check intestinal auto-intoxication and correct the deranged Am-Rasa coupled with some amount of fasting, as much as can be borne by the patient, without lowering the power of vital resistance. This is a decided improvement in the treatment of fevers by the modern school over the old school. As fever is more or less a sign of deranged Pitta, mercury by checking derangement of Pitta serves a very useful purpose symptomatically in Fevers.

Thus mercury acts not only by checking auto-intoxication through its action on the Liver and kidneys (the great detoxicating and excretory organs of the body), correcting the deranged pitta, so important a factor in fever, acting thus as an alterative, but, according to Ayurved, mixed with other drugs increases their efficacy. Hence mercury is so highly spoken of in Ayurved and is so extensively used in a large variety of cases.

Aconite is another important febrifuge taken no doubt from the old school. It reduces cardiac tension so common in sthenic fevers and also the fever acting specifically and symptomatically.

One of the most important febrifuges found by the Tantrik school is Arsenic which is specific in asthenic fevers (with Kapha or Vayu-Kapha derangement.)

Of the metallic adjuvants in treatment we may mention :—

(a) Gold, Silver, Swarna and Rouppa-maskika (Iron pyrites) which are used as alterative tonics.

The special preparation of Iron, known as Sataput and Sahasra put Louha (Iron burnt 100 and 1000 times respectively). These

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are not contraindicated (as is the case with Allopathic preparations of Iron) in Liver derangement. These preparations of Iron are very light, float in water and are non-magnetic, containing 78 to 84% of Ferric oxide mixed with silicious matter (It may be noted that ordinarily precipitated ferric oxide prepared by modern chemical methods does not float in water). The efficacy of Ayurvedic Iron-preparations are due to their lightness and fineness (changed into fine colloidal form).

(b) Mica is silicate of magnesia. It is believed in Ayurved to increase the efficacy of Iron as a Harmatinic tonic (reduces anæmia) and is often given combined with the latter.

(c) Copper is used in splenic enlargement.

(d) Lead and Tin are used in urinary diseases and act as vermifuges also.

(e) Burnt conch-shell (Lime), Rock salt, sea salt, Pot Bicarbonate, Borax etc. are used for their anti-acid properties, to check the acidosis found in pitta and Vayu-pitta fevers.

(f) Organo-therapeutic preparations like *Biles* of different animals are used for their laxative effects, cow's and goat's *urine* for their diuretic effects and so forth. *Snake Venom* – stimulant.

(g) Besides these, the various vegetable drugs are used for their various specific effects *e.g.* as Laxatives, expectorants, diuretics, diaphoretics, febrifuges, carminatives etc.

Specific combinations of vegetable drugs are numerous *e.g.*

Trikatu (Long Pepper, Black pepper, dried ginger) is an excellent carminative stomachic

Trifala (the 3 myrobalums)—a good laxative

Trimeda (chitra, mutha and vidanga) is a good stimulant.

Their uses were taken from the old school.

(To be continued.)

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MIDWIFERY IN ANCIENT INDIA

BY

DR. GIRINDRA NATH MUKHERJEE, B.A., M.D., F.A.S.B.

Calcutta.

VI.

THE PREGNANT WOMAN.

The woman from the first day of her conception should be pure and contented in her mind ; should be dressed in white clothes, and should wear ornaments. She should revere the Gods, the Brahmins and the religious preceptors ; and should remain peaceful and be good-natured. She must not touch dirty or disfigured persons, and should shun objects emitting bad smell and also objects of hideous sight. She should not talk about matters likely to cause anxiety, and should never take dry, or sour, or polluted, boiled rice as food. She should not walk outside, must not dwell in a lonely house and never take shelter in the Chaityas (temples) or under a tree, or in a cremation ground. She should avoid causes likely to arouse her anger or fear. She must not carry heavy weights, nor should she shout very loudly and do other actions that may cause abortion. She should refrain from constant massage of her body with oils and must not indulge in severe bodily exercise. Her bed and seats should be soft ; it must not be very high or cause pain. She should take sweet, delicious, liquid or semi-solid, cold and easily digestible food. These are the general rules which should be observed during pregnancy.

दशमोऽध्यायः ।

अथातो गर्भिणीव्याकरणं शारीरं व्याख्यास्यामः ।

गर्भिणी प्रथमदिवसात् प्रभृति नित्यं प्रहृष्टा शुचिरलङ्कृता शुक्लवसना शान्तिमङ्गलदेवताब्राह्मणगुरुपरा च भवेन्मलिनविकृतहीनगात्राणि न स्पृशेदुर्गन्धदुर्दर्शनानि परिहरेदुद्वेजनीयाश्च कथाः शुष्कं पर्य्युषितं कुपितं क्लिन्नं चान्नं नोपभुञ्जीत वह्निनिष्क्रमणं शून्यागारचैत्यश्मशानवृक्षाश्रयान् क्रोधभयशङ्कांश्च भारानुच्चैर्मार्गादिकं परिहरेद्यानि च गर्भं व्यापादयन्ति नचातीक्ष्णं तैलाभ्यङ्गोत्सादनादीनि निषेवेत न चायासयेच्छरीरं पूर्व्वोक्तानि च परिहरेत् । शयनासनं मृदास्तरणं

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नात्युष्णमपाश्नयेत्तमसस्त्राधं विदध्यात्। हृद्यं द्रवं मधुरप्रायं स्निग्धं दीपनायं संस्कृतञ्च भोजनं भोजयेत् सामान्यमेतत्प्रसवात्।

Susruta Samhita, III. x.

The special rules are.—She should take during the first three months, sweet, cold and liquid food, and this is especially to be observed during the third month, when she should take rice boiled in milk. Some say that rice should be eaten with *dadhi* during the fourth month, with milk during the fifth month, and during the sixth month, with ghee.

Fourth month.—Milk with butter, fish, meat of wild animals, and good rice.

Fifth month.—Milk and ghee with meals.

Sixth month.—Ghee with decoction of *Goksura* (*Tribulus Terrestris*), and drink of decoction of wheat pulv.

Seventh month.—Infusion of *Prathakparni* (*Uraria lagopodides*) and ghee.

These foods cause growth of the fœtus.

Eighth month.—*Vala* (*Sida cordifolia*), *ativala* (*Sida rhombifolia*), *satapuspa* (*Anethum sowa*), flesh, milk, *dahi*, oil, salt, honey, ghee, and *Madanphala* (*Randia dumetorjum*). She should be given Infusion of plum (*Zizyphus jujube* as a drink.

This purges the body of the accumulated fæces and flatus.

Then she should be given a purgative of oil with milk and honey. If the air be driven out downwards, she can be delivered with ease and without any complications.

Ninth month.—She should enter the lying-in-room. This room is to be constructed on white, or red, or yellow, or black ground according as she is a Brahman, or a Ksatriya, or a Vaisya, or a Sudra respectively. The beadstead should be of *vilva* (*Aegle marmelos*) for Brahmins, *Vata* (*Ficus religiosus*) for Ksatriyas, *Tinduka* (*Diospyros Embryopteris*) for Vaisyas, and *Bhallataka* (*Semecarpus anacardium*) wood for the Sudras. The walls should be well-plastered, and the doors should face towards the east or the south. It should be eight hands long and four hands broad. It should be auspicious and should afford protection.

विशेषतस्तु गर्भिणी प्रथमद्वितीयतृतीयमासेषुमधुरशीतद्रवप्रायमाहारमुपसेवेत। विशेषतस्तु तृतीये षष्टिकौदनं पयसा भोजयेच्चतुर्थे दध्ना पञ्चमे पयसा षष्ठे सर्पिषाचेत्येके। चतुर्थे पयोनवनीतसंसृष्टमाहारयेज्जाङ्गलमांसरसहितं हृद्यमन्नं भोजयेत्। पञ्चमे क्षीरसर्पिः-

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संस्रष्टं षष्ठे श्वदंष्ट्रासिद्धस्य सोर्पिषोमात्रां पाययेद्यवागूं वा सप्तमे सर्पिः घृतकषायादिसिद्धमेवमापाद्यते गर्भः। अष्टमे बदरोदकेन वलातिवलाशतपुष्पपयोदधिमस्तुतैलक्षवणमदनफलमधुघृतमिश्रेषास्थापयेत्। पुरीषशुद्ध्यर्थमनुलोमनार्थं च वायोः। ततः पयोमधुरकषायसिद्धेन तैलेनानुवासयेदनुलोमे हि वायौ सुखं प्रसूयते निरुपद्रवा च भवति। अनूर्ध्वं स्निग्धाभिर्यवागूभिर्जाङ्गलरसैश्चोपक्रमेदाप्रसवकालादेवमुपक्रान्ता स्निग्धा वलवती सुखमनुपद्रवा प्रसूयते। नवमे मासि सूतिकागारमेनां प्रवेशयेत् प्रशस्ततिथ्यादौ तत्रारिष्टं ब्राह्मणक्षत्रियवैश्यशूद्राणां श्वेतरक्तपीतकृष्णेषु भूमिप्रदेशेषु बिल्वन्यग्रोधतिन्दुकभल्लातकनिर्मितं सर्वागारं यथामङ्गलं तन्मयपर्यङ्कमुपलिप्तभित्तिं सुविभक्तपरिच्छदं प्राग्द्वारं दक्षिणद्वारं वाष्टहस्तायतचतुर्हस्तविस्तृतं रक्षामङ्गलसम्पन्नं विधेयं।

Susruta Samhita, III. x.

Labour-pains :—The onset of labour is indicated when the joints of the loin become loose, and the chest is felt to become light and free. The pain is gradually complained of in the loin and back. She frequently tries to urinate and defæcate, and a slimy discharge escapes from her vagina. During her labour, religious ceremonies should be performed. The infants should surround her; she should hold fruits having names in the masculine gender in her hands, she should be oiled and washed with hot water and be well-fed with barley, water, etc. Then she is to lie down on a broad soft bed, supporting her head on a pillow and keeping her thighs somewhat raised. Four elderly ladies, having their nails paired off, should, without any fear, nurse her constanly. They should rub her with oil gently from above downwards, and should thus encourage her: O fortunate Lady! bear down well, bear down well, so that you may not feel any trouble." Then when the Os dilates, and pain is radiated towards the loins, the groins, the hypogastric region and the head, she should gradually bear down, and she must exert herself to her best when the fœtus engages the vaginal outlet.

जाते हि शिथिले कुक्षौ सुप्ते हृदयबन्धने।
सशूले जघने नारी ज्ञेया सा तु प्रजायिनी॥

नवोपस्यतप्रसवायाः कटीपृष्ठं प्रति समन्ताद्वेदना भवत्यभीक्ष्णं पुरीषप्रवृत्तिर्मूत्रं प्रसिच्यते योनिमुखात् श्लेष्मा च।

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प्रजनयिष्यमाणां कृतमङ्गलस्वस्तिवाचनां कुमारपरिष्टृतां पुत्रामफलहस्तां स्नेहाक्तामुष्णोदकपरिषिक्तामथैनां संभृतां यवागुमाकण्ठात् पाययेत्। ततः कृतोपधाने मृदुविस्तीर्णे शयने स्थितमाभुग्नसक्थोमुत्तानामशङ्कनीयाश्चतस्रः स्त्रियः परिणतवयसः प्रजननकुशलाः कुक्षिं तथाः परिचरेयुरिति।

अथास्या विगिखान्तरमनुलोममनुमुखमभ्यञ्यादवूयाच्चैनामिका सुभगे प्रवाहस्वेति नचाप्रजावी प्रवाहस्व ततो विमुक्ते गर्भनाडीप्रबन्धे सक्थ्नोषु श्रोणिवङ्क्षणवस्तिशिरःसु प्रवाहेथाः शनै शनैः। ततो गर्भनिर्गमे प्रगाढं ततो गर्भे योनिमुखं प्रपन्ने गाढतरमाविश्यस्याभावात्।

Susruta Samhita, III. x.

But if she exerts herself untimely, the child is in danger of being born deaf and dumb; or the lower jaw may be bent and the head may be unduly pressed, or the child may suffer from cough, asthma, etc.; or the child may be haunch-backed or unnatural in shape. If there be any abnormal presentation of the fœtus, rectify it by turning first and then deliver the child. If the fœtus be obstructed in its delivery, apply fumigation to the vagina by burning the garb of a bungarus or *Pinditaka* (*Randia dumetorum*) wood, or tie the root of *Hiranya puspi* (*Solanum xanthocarpum*), or *Subarcala* (*Lenum usitatissimum*) or the root of *Visalya* to her fore arm and leg.

अकालप्रवाहणाद्बधिरं मूकं व्यस्तहनुं मूर्धाभिघातिनं जासश्वासगोषोपद्रुतं कुब्जं विकटं वा जनयति। तत्र प्रतिलोममनुलोमयेत्।

गर्भसङ्गे तु योनिधूपयेत् क्षणाजपर्णिनिर्मोकेण पिण्डीतकेन वा। वघ्नीयाद्विरण्यपुष्पीमूलं हस्तपादयोर्द्वादशेत् सुवचलां विशल्यां वा।

Susruta Samhita, III. x.

When delivered, the membranes and placenta with the navel cord are to be expelled; the mouth of the child is to be purified by rubbing it with honey, ghee and salt. Put a piece of cloth, well smeared with ghee, over the anterior fontanelle of the child. Then the cord is to be tied by means of a thread at a distance of eight fingers' breadth from the navel, and the cord is to be cut beyond the ligature. The ends of the thread are to be twined round the child's neck, and thus secured.

Then the child is to be soothed with cold water; the ceremony of *Jatakarma* is thus completed. Let the child suck the ringfinger

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smeared with the following linctus: honey, ghee, Hemidesmus radix, juice of *Brahmi* (*Herpestris Monniera*), and gold dust well mixed up together. Then the child is to be well-oiled with *vala* oil, and it should be bathed in the infusion of *Ksira* tree (*Mimusops hexandra*), or in some sweet scented water, or in water heated with silver or gold, or in the luke-warm infusion of leaves of *Kapitha* (*Feronia elephanta*), but due considerations must be made for the *dosas*, the time, and the circumstances of the child.

अथ जातस्योल्वं मुखञ्च सैन्धवसर्पिषा विशोध्य घृताक्तं मुष्टिं पिचुं दत्त्वाक्ततो नाभिनाड़ीमष्टाङ्गुलमायम्य सूत्रेण बद्ध्वा छेदयेत्तत्सूत्रैकदेशञ्च कुमारस्य ग्रीवायां सम्यग् बध्नीयात्।

अथ कुमारं ग्रीताभिरद्भिराप्लाव्य जातकर्म्मणि कृते मधुसर्पिरनन्ता-ब्राह्मीरसेन, सुवर्णचूर्णमङ्गुल्यानामिकया लेहयेत्ततो बलातैलेनाभ्यज्य क्षीर-वृक्षकषायेण सर्व्वगन्धोदकेन वा रूप्यहेमप्रतप्तेन वा वारिणा स्नापयेदेनं कपित्थपत्रकषायेण वा कोष्णेन यथाकालं यथादोषं यथाविभवञ्च।

Susruta Samhita, III. x.

After three or four nights from the date of delivery, the lacteals of the breast dilate and the breast becomes full of milk. Let her take on the first day hemidismus root, ghee and honey, twice daily, in the morning and evening. On the second day, infusion of *Laksana* (*Atropa mandragora*), and on the third day ghee should be taken. Thereafter she should take ghee and honey about the measure of her palm twice daily.

Then the mother is to be rubbed with oil of *Verela* (*Sida cordifolia*) and she should be given medicines to rectify deranged *vayu*. On the fifth day, if any *dosa* occurs, let her take,—

Pippali (*Piper longum*), *pippalimula* (*Piper longum*, its root), *gajapippali* (*Scindapsus officinalis*), *Citraka* (*Plumbago Zeylanica*) and *Srngavera* (*Zinziberis officinale*) powders mixed with tepid molasses and water. This is to be continued for two or three days, or so long as the impure blood is not thoroughly rectified. Then she should take,—infusion of the roots of plants in the *Vidari* (*Ipomoea digitata*) group with ghee; or milk mixed with wheat paste or (*yavamanda*), for three nights. Then considering her strength and digestive power, she must be given rice with meat juice, or juice of wheat, *kulatha* pulse (*Dolichos biflorus*) and *kola* (*Zizyphus jujube*). In this way she is to be

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treated for about two weeks ; then when her body becomes pure and she comea out of the chamber, she may not observe these fixed rules of dietary. Some are of opinion that the period of confinement extends to the period of the next menstruation.

धमनीनां हृदिस्थानात् विवृतत्वादनन्तरम् ।
चतुरात्राच्चिरात्राद्वा स्त्रीणां स्तन्यं प्रवर्त्तते ॥

तस्मात् प्रथमेऽह्नि मधुसर्पिरनन्तामिश्रं मन्त्रपूतं त्रिकालं पाययेद् द्वितीयेऽह्नयणाक्षिद्वं सर्पिर्मधुतीये च । ततः प्राङ्निवासितः स्तन्यं मधुसर्पिः-स्वपाणितलसम्मितं त्रिकालं पाययेत् ।

अथ सूतिकां वसातैलाभ्यक्तां वातहरौषधनिःक्वाथेनोपचरेत् शुष्केषु-दोषान्तु तदहः पिप्पलीपिप्पलीमूलहस्तिपिप्पलीचित्रकशृङ्गवेरचूर्णं गुडोदकेनोष्णेन पाययेत्। एवं द्विरात्रं त्रिरात्रं वा कुर्य्यादादुष्टमार्गत्वात् । विशुद्धे ततो बिदारीगन्धादिसिद्धां स्नेहयवागूं क्षीरयवागूं वा पाययेच्चिरात्रं । ततो यवकोलकुलत्थसिद्धेन जाङ्गलरसेन प्रास्योदनं भोजयेदबलमग्निबलञ्चावेक्ष्य । अनेन विधिनाध्यर्द्धमासमुपसंस्कृता विधुक्ताहाराचारा विगतसूतिकाभिधाना स्यात् पुनरार्त्तवदर्शनादित्येके ।

Susruta Samhita, III. x.

In dry countries, during the state of peurpery, sufficient ghee or oil is to be prescribed to a healthy mother. She should use the infusion of *Pippali* (*Pipper longum*) as before and should continue that drink for three or five nights. But if weak, she may take barley water with oleagenous foods for three or five nights. Then she may take rice and ghee. The body is to be frequently washed with tepid water. She must not indulge in anger, nor do any laborious work. Sexual inter-course, during the peurpery, is prohibited.

If any disease is caused by unwholesome food or any mis-conduct during this period, it is difficult to cure it. Fasts observed frequently also produce similar diseases. Therefore she must be treated, due consideration being made for the locality, the time, the nature of the disease and her habits. She must be careful to avoid anything which may prove injurious to her health. If treated in this way, she never dies.

धन्वभूमिजातां सूतिकां घृततैलयोरन्यतरस्य मात्रां पाययेत् पिप्पल्यादिकषायानुपान स्नेहनित्या च स्यात्त्रिरात्रं पञ्चरात्रं वा बलवतीमवलां यवागूं पाययेच्चिरात्रं पञ्चरात्रं वा । अतऊर्द्धं

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स्निग्धेनाङ्गुलिसंवेष्टितेन प्रायशस्तस्या. प्रभूतेनोष्णोदकेन परिषिञ्चेत्। क्षेधायामामैथुनादौन् परिहरेत्।

भवतश्चात्र।

मिथ्याचारात् सूतिकाया यो व्याधिरुपजायते।
स कृच्छ्रसाध्योऽसाध्यो वा भवेदत्यपतर्पणात्॥
तस्मात्तां देशकालौ च व्याधिमात्मेन कर्म्मणा।
परीक्ष्योपचरेदेवं नयमत्ययमाप्नुयात्॥

Susruta Samhita, III. x.

After the expulsion of the placenta, the peurpera suffers from retention of urine and flatulence which appear as symptoms. Therefore after the delivery of the child, her throat is to be well wiped with your finger enveloped in hair; or you may apply the smoke of the following:—*Katuka—Alabu* (*Lagenaria vulgaris*), *Krtavedhana* (*Luffa acutangula*), mustard, snake's garb, mixed with oil sinapis, to the orifice of the vagina.

You may apply the paste of *Langali* (*Gloriosa superba*) root on the palmar or plantar surfaces. Or you may sprinkle juice of *Mahavrksa* (*Euphorbia nerifolia*) repeatedly over her head. She may take internally the roots of *Kustha* (*Sausurea lappa*) and *langali* (*Gloriosa superba*) as *kalka* (paste) with wine or cow's urine as a drink. Or she may take *kalka* of *Salimula* (Root of *Oryza stativa*), *pippali* (long pepper) with wine; or she may use white mustard, *kustha* (*Sausurea Lappa*), *langali* (*Gloriosa superba*), alkali of *Mahavrksa* (*Euphorbia nerifolia*) and lather of wine as *asthapana* or restorative enema. Or you may give a purgative consisting of enema of the decoction of these drugs and oil sinapis or some other oily substance; or you may extract fæcal matter by means of your fingers after paring the nails.

अथापरापतन्त्यानाह्याध्मानौ कुरुते तस्मात् कण्ठमस्याः केशवेष्टितयाङ्गुल्या प्रमृज्येत्। कटुकालाबुकृतवेधनसर्पसर्पनिर्म्मोकैर्वा कटुतैलबिमिश्रैर्योनिमुखं धूपयेत्। लाङ्गलीमूलकल्केन वास्याः पाणिपादतलमालिम्पेत्। मूर्द्धि वास्या महावृक्षक्षीरमनुषेचयेत्। कृष्टलाङ्गलीमूलकल्कं वा मद्यमूत्रयोरन्यतरेण पाययेत्। शालिमूलकल्कं वा पिप्पल्यादिं वा मद्येन सिद्धार्थककृष्टलाङ्गलीमहावृक्षक्षीरमिश्रेण

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सुरामण्डेन वास्रापयेत्। एतैरेव सिद्धेन सिद्धार्थकतैलेनोत्तरबस्तिं दद्यात् स्निग्धेन वा क्षमनखेनाङ्गुष्ठेनापहरेत्।

Susruta Samhita, III. x.

If after delivery, the system of the mother becomes dry, due to such treatment, the blood, being not purified, becomes confined by *vayu* and so small tumours are produced below the navel, on the sides of the body, in the hypogastric and umbilical regions. Acute pain is complained of at the umbilicus, the hypogastric, and over the abdominal regions, and she complains of pin-and-needle and piercing sensation in the intestines. The adbomen becomes flatulent, and retention of urine occurs,—the two principal symptoms of the *Makkala* disease. Then she should drink the following decoctions and *aristas*.—Decoction: of *Virataru* (*Desmodium Gangeticum*) group, water and honey; or nitre with ghee; or Saindhava salt with tepid water; decoction of piper longum group with piper longum pulv; or lather of wine with *Varuna* (*Crataeva religiosa*) *Pancakola* and cardamom decoction with (*uraria lagopodoides*); Powders of *Devadaru* (*Pinus devadaru*) and *Marica* (*Piper nigrum*) with old boiled juice of sugar-cane; or powders of *Trikatu* (Black and Long pepper and dry Ginger; the three pungent spices), *Caturjjataka* [*Gudtvaka* (*Cinnamomum Zeylanicum*). *Tejapatra* (*Cinnamomum tamala*), *Eta* (*Elattaria cardamomum*), *Nagakesara* (*Mesua ferrea*)], *Kustumbaru* (*Coriandrum sativum*) with old boiled juice of sugar-cane or decoction of *Abhaya* (*Chebulic myrobalun*). These prescriptions cure *makkal* disease.

प्रजातायाश्च नार्य्या कक्षगण्डीराधास्तीक्ष्णै रविग्राधितं रक्तं वायुना तद्दोषगतेनातिसंरुद्धं नाभेरधः पार्श्वयोर्व्वस्तौ वस्तिशिरसि वा ग्रन्थिं करोति। ततश्च नाभिबस्तिहृदयशूलानि भवन्ति सूचीभिरिव निस्तुद्यते भिद्यते दीर्य्यत इव च पक्वाशयः। समन्तादाध्मानमुदरे मूलसंरुद्धञ्च भवतीति मक्कलक्षणं। तत्र वीरतर्व्वादिसिद्धं जलमूषकादिप्रतीवापं पाययेत्। यवक्षारचूर्णं वा सर्पिषा सुखोदकेन वा क्षारचूर्णं वा पिप्पल्यादिक्वाथेन पिप्पल्यादिचूर्णं वा सुरामण्डेन वरुणादिकाथं वा पञ्चकोलैलाप्रतीवापं पृथक्पर्ण्यादिक्वाथं वा भद्रदारुभरिष्टसंसृष्टं पुराणगुडं वा त्रिकटुकचतुर्ज्जातकर्कुसुम्बृहतिमिश्रं खादेदक्षं वा पिरेदरिष्टमिति।

Susruta Samhita III. x.

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The diet of a pregnant female without any complication.

First month :—She should take milk only; cold butter in measured quantity and in fixed times; and good food in the morning and evening in adequate quantity and in an easily digestible from.

Second month :—No medicines should be given. Let her take milk boiled with the articles of food in the *Madhura* (*Fœniculum vulgare*) group.

Third month :—Milk with honey and ghee.

Fourth month :- Condensed milk with butter.

Fifth month :—Condensed milk with butter and ghee.

Sixth & Seventh month :—Milk and ghee boiled with *madhu* (honey).

On the seventh month, the females say, "The hairs of the fœtus grow and these cause inflammation in the mother"; but Atreya denied it and said that the inflammatory itches were caused by the accumulation of bile and phlegm in her chest, which in its turn was due to the movement of the fœtus at this period ; and from these itches, cracks appeared in the skin (*striæ gravidorum*). Then she should take butter boiled with *Madhuradi* group with infusion of plum in dose of two *tolas* occasionally. Rub her breast and the abdomen with paste of santal and *mrinala* or stem of lily; or with *Sirisa* (*Mimosa sirissa*), *Dhataki* (*Woodfordia floribunda*), *mustard* and *Yastimadhu* (*Glycerrhiza glabra*) or with *Kutaja* (*Holarrhena Antidysenterica*), *Arjaka tulasi* seed (*Ocimum sanctum*), paste of *Musta* (*Cyperus Rotundus*) and turmeric, or with paste of *Nimba* (*Melia Azadirachta*), *Kola* (*Zizyphus jujube*), *Surasa* (*Ocimum sanctum*), *Manjistha* (*Rubia cordifolia*) or with paste of *triphala* with the blood of deer or hare, or with leaves of *Karabi* (*Nerium odorum*) boiled in oil.

If itching occurs in the nipple, the nipple must not be scratched, but it should be washed with the boiled infusion of *Malati* (*Echites Caryophyllata*) and *Yastimadhu* (*Glycerrhiza glabra*). By scratching with the nails, the wound may become septic or infected, and the skin may be injured. If she finds it impossible for her to desist from the act of scratching, let her only rub and pull it. She should take medicines internally to rectify *vayu* by means of sweet juices, a little quantity of oil and salt ; and water may be indulged in.

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Eighth month :—Milk and ghee boiled with barley (*yavagu*).

Bhadra Kapya objects to such foods being given to pregnant women as albino eyes are caused thereby. But Atreya did not see any objection ; on the contrary, he was of opinion that by its use, the child improved in health, strength, voice and colour ; the body became muscular, and he became in after-life a great man.

Ninth month :—*Anuvasan* or enema with oil boiled with medicines, and insert oily lint (*picu*) inside the vagina to keep the passages slippery.

परमतो निर्व्विकारमाप्यायमानस्य गर्भस्य मासे मासे कर्म्मोपदेक्ष्यामः। प्रथमे मासे शङ्किता चेद्गर्भमापन्ना क्षीरमनुपस्कृतं मात्रावच्छीतं काले पिबेत् मात्राञ्च भोजनं सायं प्रातश्च भुञ्जीत। द्वितीये मासे क्षीरमेव च मधुरौषधसिद्धम्। तृतीये मासे क्षीरं मधुसर्पिर्भ्यामुपसंसृज्य। चतुर्थे मासे तु क्षारनवनीतमक्षमात्रमश्नीयात् पञ्चमे मासे क्षीरसर्पिः। षष्ठे मासे क्षीरसर्पिर्मधुरौषधसिद्धं तदेव सप्तमे मासे॥ तत्र गर्भस्य केशा जायमाना मातुर्विदाहं जनयन्तीति स्त्रियो भाषन्ते तन्नेति भगवानात्रेयः। किन्तु गर्भोत्पीड़नाद्वातपित्तश्लेष्माण उरः प्राप्य विदहन्ति ततः कण्डूरुपजायते कण्डूयना च किक्किशावाग्निर्भवति। तत्र कोलोदकेन नवनीतस्य मधुरौषधसिद्धस्य पाणितलमात्रं कालेऽश्नीयात्। चन्दनमृणालकल्कैश्चास्याः स्तनोदरं विमृद्नीयात्। शिरीषधातकीसर्षपमधुकचूर्णैः कुटजार्জ্জकवीजमुस्तहरिद्राकल्कैर्वा निम्बकोलमुरसमञ्जिष्ठाकल्कैर्वा। पृषत्-हरिणयष्टिकाधिरयुतया त्रिफलया वा करवीरकपत्रसिद्धेन वा तैलेनाभ्यङ्गः। परिषेकः पुनर्मालतीमधुकसिद्धेनाम्भसाजातकण्डूया च कण्डूयनं वर्জ্জयेत् त्वग्भेदनवैरूप्यपरिहारार्थम् अगत्यायान्तु कण्डूयनमुन्मर्दनोद्वर्षणाभ्यां परिहारः स्यात्। मधुरमाहारजातं वातहरमल्पमल्पस्नेहलवणमल्पादकानुपानञ्च भुञ्जीत॥ अष्टमे तु मासे क्षीरयवागूं सर्पिष्मतीं काले काले पिबेत्। तन्नेति भद्रकाप्यः, पैङ्गल्याबाधो ह्यस्या गर्भमागच्छेदिति। अस्यत्र पैङ्गल्याबाध इत्याह भगवान् पुनर्व्वसुरात्रेयो न ह्येतत्कार्य्यं एवं कुर्व्वती ह्यारोग्यबलवर्णस्वरसंहननसम्पदुपेतं ज्ञातीनामपि श्रेष्ठमपत्यं जनयति॥ नवमे तु खल्वेनां मासे मधुरौषधसिद्धेन तैलेनानुवासयेत्। अतश्चास्यास्तैलं पिचुमिश्रं योनौ प्रणयेद् गर्भस्थानमार्गस्नेहनार्थम्।

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यदिदं कर्म प्रथममासमुपादायोपदिष्टमा नवमान्मासात्। तेन गर्भिण्या सर्वसमये गर्भधारणे कृत्तिकटीपार्श्वपृष्ठं मृदु भवति वातश्चानुलोमः सम्पद्यते मूत्रपुरीषे च प्रकृतिभूते सुखेन मार्गमनुपद्येते चर्मनखानि च नाईवमुपयान्ति वलवर्णौ चोपचीयेते पुत्रं ज्येष्ठं सम्पादुपेतं सुखिनं सुखेनैषा कालेन प्रजायत इति ॥

Caraka Samhita, III. viii.

When Diti became pregnant, her husband, sage Kasyapa advised her as follows :—

O good-loined Lady, you act accordiug to what I advise you. You live in this hermitage for 100 years. Try your best to protect your pregnancy carefully. Never eat anything in the evening. Living under trees, working on stone-slabs and muller, mortar and pestle, and other articles of household use should always be avoided. Never go in water for bathing, nor live in a vacant house. You must not be anxious, and must not remain near an ant-hill. The habit of scratching the ground with a piece of charcoal or ash should he stopped. Always remain with your face cast downwards and avoid all forms of physical exercise. Never touch charcoal, ash, bones, and potsherds. Do not quarrel with others and do not shake off your lethargy by yawning or by stretching your body. Always be pure; dress your hairs and tie them properly. Never remain impure, nor with your hairs loose. Then you will he able to deliver a son safely. Never lie down with your head pointing towards north, nor with your head cast downwards. Your body should always be covered with clothes properly. You must not remain in scanty clothing. Avoid anxiety, You must not speak harsh words, nor laugh loudly. You must show your respect to your superiors and bathe yourself with water mixed with healing herbs (*Sarvausadhi*). O dear, serve your relatives and friends, and with your countenance beaming with contentment, you should always try to do what is good to your husband. Alwaya honour him and never hlame him. O fortunate Lady ! tell your friends as follows.—" I have become thin, weak, and advanced in years ; my breasts have become displaced. After all, be obedient to your superior and never tell an untruth." *Padmapurana, Srstikanda*. Ch. 7.

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A THESIS ON "ASOKA" SARACA INDICA

BY

BHISHAGWARA K. ACHAYYA

BELLARY.

Asoka was known to the ancients. It is famed in Hindu Mythology from the circumstances of Seetha the wife of Rama having been confined by Ravana in a grove of Asoka Trees. The tree is the emblem of love and was burnt by Siva along with Kamadeva who wished to seduce him (Kumarasambhava). This tree goes by the name of Anganapriya and is said to blossom when touched by the foot of a beautiful woman. This is a botanical symbol as to a special use. (Vide syn : to examples from Novr : 1930 issue of Indian and Eastren druggist that plants as garlic with tubular structures are useful in diseases of bronchial tubes.)

SYNONYMS.

Sanskrit :—

Asoka, Hemapushpa, Vanjula, Tambrapallava, Kankele, Pindapushpa, Gandhapuspa, Nata (Bri : Ni :), Sokanasa, Vichitra, Karnapuraka, Visoka, Rakta, Ragi, Chitrasthabakamanjiri, Peetha pushpa (Dhi : N :), Madhupushpa, Apasoka, Keleka, Raktapallava, Subhaga, Smaradhivasa, Doshahari, Prapallava, Ragitaru, Pallavadru . (Rag : N :), Gatasoka (Vag : Sut :), Tinisa (Cha : Chi : Jwar :), Anganapreya, Veethasoka, Vanjuladruma, Dhohali, Vamankapatana, Rama Kanthangridhohada, Chakra Gucha, Kanta Charanadohada, Stri Nirikshana Dohada, Soka harta, Vamangri Ghataka, (Adl : text : Bi : N :), Sugandha, Peetha Sikha, Chitraka (Shad : N.)

Vurnacular :—

Bombay	...	Asohka
Guzarati	...	Asupala
Telugu	...	Asoka
Tamil & Mal	...	Asogam
Canarese	...	Asoka
Hindi & Bengali	...	Asok
Maratti	...	Jasunda
Burmese	...	Thenoka

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References :—

Indian trees (Brandis constable London) ; U. C. Dutt, Nadkarni, Sanyal's Materia medica, Dymoc, Ph : Graphica Indica, Charaka, Susruta and Vagbhata samhitas.

Mitra's and Rangachari's Botany, Kalidasa's Meghaduta.

HABITAT.

Khasi hills, Arakan, Tenasserim, western Peninsula, Northern Circars, and in ever green forests of the Konkan and Kanara. Frequently planted chiefly near the temples in India and Burma (Indian Trees, Brandis).

VARIETIES.

Asoka is of two varieties as classified by Indian poets. "Sweta and Rakta Asokas"

16 Botanical varieties of this plant are mentioned by Brandis to be occurring in India, Malay and Archipelago. He has described Botanically the following five as commonly available varieties.

1. *Saraca* Griffithiana
   Indica
   Labbiana
   Triandra
   Zollingeniana

Trees resembling Asoka.

Polyalthia Longifolia (an avenue tree) of the natural order Anonaceae.

Official Part.

Bark, Seed, root, and flower.

Description.

An ever green tree, young shoots drooping and coloured. Leaflets 3-6 pair, Fl : in dense corymbs 3-4 inches diam : Orange on expanding, gradually changing to scarlet. Peduncles and pedicals glabros. Bracteoles, persistent, $\frac{1}{8}$ inch, calyx tube $\frac{1}{2}$ inch long twice the length of lobes perfect stamens 7 to 8. Pod 6 to 10 by 2 inches. Valves hard, raticulate. Leaflets opposite. Seeds ex-albuminous and a legume (Indian trees).

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Bark :—Bark is greyish brown externally and internally. Freshly cut bark has a white appearance but it soon becomes red on exposure to air. (Sanyal's Vegetable drugs of India).

Flowers :- Flowers spring from the root of the branches (Season, August). The supposed asoka polyalthia longifolia has lanceolate, alternate leaves with undulated margins.

The fruits are aggregate. Flowers arise from old branches in umbels of short racemes. Petals are thin, six in two whorls of three each.

GROUPING.

Vegetable Kingdom.

Natural order	Leguminoseae
Sub order	Caesalpania
Vedanasthapana Gana	(Charaka)
Rodradhi Gana	(Vagbhata)
"	(Susruta)
Pushpavarga	(Bri : Ni :)
Karaviradivarga	(Araj : Ni :)

Chemical Composition.

A decoction gave a greenish precipitate with Ferric Chloride and a Brownish Sediment with a solution of Iodine in Potassim Iodide. It contained 10·3 per cent of aqueous extract with 5.7 of tanin and 13 per cent of alcoholic extract with 8.8 per cent of soluble and insoluble tannins. The other extract was very pale brown and semi-crystoline. It was soluble in water giving an emrald green colour with Ferric salts, red with Soda solution, and dissolved in warm sulphuric acid with a purple colour changing to black which points to the presence of Catachin. The bark leaves 10.8 per cent of mineral residue when burnt. (Dym. Ph. Indica).

Physiological actions and Therapeutics.

Rasa :—Bitter (Sus. Suthra), Sweet and bitter (Ni : Rat ·), Bitter and astringent (Bri : Ni :), Astringent (All Modern Meteria-medicas).

Veerya :—Cooling in potency.

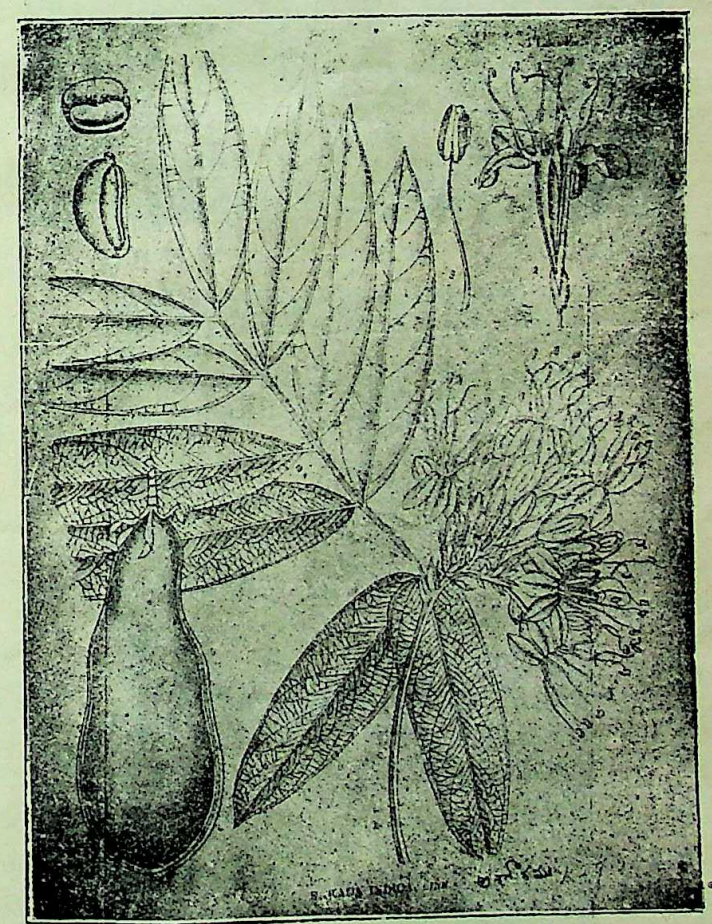
Action :—Grahi (Drying).

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Now it is clear that Asoka has a cooling potency. It is at the same time a Grahi (Dries the bodily fluids). Ancient Therapeutics consider this to be useful in the following conditions. (1) To unite bones, (2) In relieving pain, (3) Thirst (4) Piles, (5) Wounds, (6) Flatulency, (7) Blood-born diseases, (8) Rakta Pradara, (9) Ascites, (10) Poison of Aquatic animals, (11) Tiresomeness, (12) Worms (some hold it is productive of worms), (13) Reduces Kapha and imparts lust.

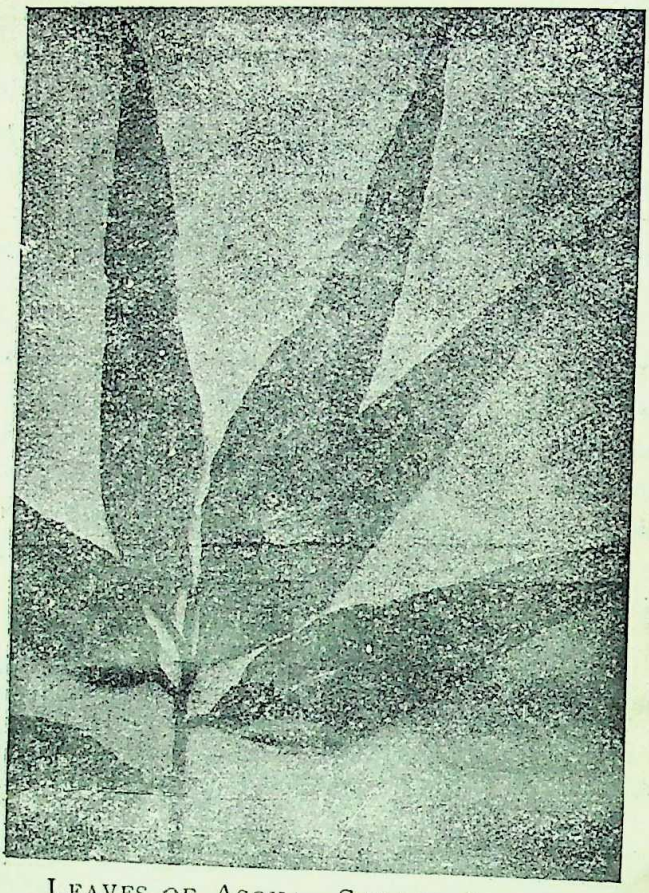
Modern Materia medicas declare the drug to be of an astringent taste. This is a sedative of the uterus. It acts on the muscular fibers of the uterus. It has a stimulating effect on the endowmatrium and the Ovarian Tissue. It is considered to be useful in Menorrhagia due to uterine fibroids (Nadkarni). Flowers are considered to be useful in haemorrhagic dysentery. (Kaviraj Nagendranath).



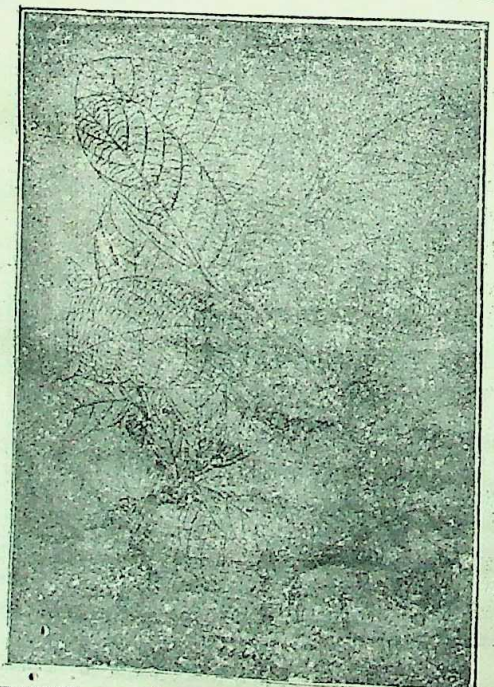
LEAVES OF ASOKA—SARACA INDICA.

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LEAVES OF ASOKA—SARACA INDICA.



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Prepaaations.

No.	NAME	PRINCIPALING	INDICATIONS	DOSE.
1	Pul : Asoka : Com : (Sus.)	Asoka Tripala Dhataki.	Daruna Karma (Hardening of sores)	
2	Deco : Asoka (Ch! Dutta) 1 in 4.	Asoka Bark	Menorrhagia	1 oz with an ounce of milk or dil : sulph Acid.
3	Asokaghritha (Sus :)	Danti Kampillaka (Asoka)	Oily purgative in Vatharoga	
4	Asokaghritha (Vag :)	Eranda, Asoka Gurupanchamula	Yonivyapat & Vatha disease	
5	Asokaghritha (Vais : Rat :)	Asoka Bringaraja Jeevania	Uterine disorders.	1 tola.
6	Asokarishta (do)	Asoka root Jeera-kadwaya	Menorrhagia & Leucorrhoea	4 oz. (½ oz)
7	Asoka Rasakriya (Andhra : Ay : Ph. L. T. D.)	Liq : Ext : Asoka and fine : Pulv : Asoka	Uterine disorders & Pitha roga	10 gr.
8	Asokadivati (do)	Asoka ; Fer : Sulph	do	do
9	Liq Ext : Asoka (All Pha :)	Asoka	do	20 m to 60 m.
10	Vibro Asoka (Bcpw)			
11	Liq : Asoka : Co (I. M. L. A.)	Liq : Hydratsis, Lodhra & Asoka	Menorrhagia	1 to 2 oz.
12	Asoka Cord: with Vita (Dr : Bose : Lab)	Asoka ; Daruharidra Arjuna	All diseases of the uterus.	1 to 2 oz.
13	Pushpanjana (Sus)	Asoka Flower Utpala Amra	Pitha & Sleshma Vidagdha Dhristi	
14	Mahasugandhi Agada (Sus)	Flower & fruit of Asoka, Arka, Sirisha	Anti Venom : Ung :	
15	Mahakalyana Ghrita (Sus)	Gold, Precious Stones, Asoka	All fevers.	
16	Chandanadi Tila (Charaka)	Sandalwood Asoka & many Cooling drugs.	For external use in fevers.	
17	Rodhradi Gana (Sus & Vag)	Rodhra Asoka etc.,	Obesity & Yoni diseases.	
18	Medanasthapana-gana (Charaka)		Antineuralgic.	
19	Asoka ghrita (vag : Chi : Kasa Roga)	Asoka Seeds, sweta Arka.	Kasa (Bronchial troubles.)	

N. B.—Dr. Bose's Laboratory informs that Asoka belongs to a class of drugs whose action varies with its quality at the time of collection in raw condition.

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Abstract of Cases.

H. = Hindu
Numericals = Age
C. H. = Children
O. = Nill
Ab. = Abortion
T. D. = Thrice daily
L. P. = Last menstrual period

No.	Name, Age, Caste Sex.	History.	Treatment.	Result & days treated.
		Menorrhagia.		
1	K. V H. 18. F.	Bleeding 6 days Last Period 35 days. Lasted 3 days. CH. O. AB. 1 year back.	Asokarasa kriya 10gr T. D.	4 days contraction increased 10 to 12 clots thrown out much bleeding.
2	Mrs. S. H. 19 F.	Bleeding one week L. P. 20 days lasted 4 days C. H. O. Ab. O. Anaemic.	Liq. Ext. Asoka M. 30. T. D.	Lot of lods thrown out, bleeding profuse died. (7 days)
3	B. H. 16. F.	Bleeding 5 days L. P. 1 month lasted 4 days C. H. O. Ab O.	do	15 days bleeding continued.
4	Mrs. K. V. H. 25. F.	Bleeding 10 days L. P. 2 months lasted 3 days C. H. 4. Ab. O.	Liq. Ext. Asoka M 20 T. D.	Improvement slow treated 15 days.
5	V. H. 22. F.	Bleeding one month C. H. one of 4 years Living.	do	Treated 1 month no Improvement.
		Leucorrhoea.		
1	S. H. 20 F.	3 months. C. H 1 of 3 years	do	Treated 20 days. Leucorrhoea cured became Pregnant.
2	K. K. 30 F.	2 years C. H. widow.	do	Treated 1 1 month reports healthier.
3	Mrs. A. M. 16. F.	2 months C. H. O Ab. O	do	Treated 19 days cured.

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Amenorrhoea.

No.	Name, Age, Caste Sex.	History.	Treatment.	Result & days treated.
1	Mrs. K. V. S. H. 20 F.	C. H. I died Ab. 2 One & two years back, Amenorrhoea & leucorrhoea.	Ext. Asoka & Asokadivati.	2 months whites cured without menstruation carrying.; delivered healthy children is menstruating.
2	N. H. 16. F.	C. H. O. Complaint is of 1 year standing	do	Under trial (Reports with normal periods.

Irregular periods.

1	(No. 1 Menorrhagic.)	Developed after Manorrhagia.	Liq. Ext. Asoka M. 20 Td.	2 months set right.
2	Mrs. N. R. H. 17 F.	C. H. O Ab. I, one year.	do	2 months set right.

Feeling of pain in term of pregnancy.

1	Mrs. G. P. H. 25 F.	C. H. 4 Developed this from early months.	Vibro Asoka & Liq. Ext. Asoka.	2 months got better.
2	B. H. 16 F.	1st Pregnancy.	Extract Asoka T. D. M. 20.	10 days got better.
3	B. H. 30 F. C. H. 4	Pregnancy 7 months labouring class.	Asokarishta 4oz. T. D.	2 days got better.

Cancer (Uteri).

1	S. H. 70 F.	C. H. 4 all healthy Cancer 6 months duration, foul watery and bloody discharges, in continuance of urine. High Family.	Asokarasakriya vati 10 gr. T. D.	20 days No reaction.

Inference.

Excepting in cancer and Menorrhagia the drug seems to be useful, and in the latter is an unreliable remedy if not an useless one.

———

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Health and Hygiene

—:o:—

WOMEN'S HEALTH

Muscular Exercise For Women

(By Prof Shyam Sundar Goswami.)

The following are the foods rich in both iron and calcium :—

Almonds, whole wheat, bran, pure glutten, hazelnuts, molasses, egg yolk, dry fig, spinach, red root, turnip tops, mustard greens, lentils, olives etc.

The following foods are rich in vitamin A :—

Milk, butter, cream, egg yolk, sprouted beans, sprouted barley, bran, cabbage, celery, lettuce, spinach, tomatoes, etc.

The following foods are rich in vitamin B :—

Milk, egg yolk, fruits, cabbage, corrots, cereal, greens, nuts, bran etc.

The following foods are rich in Vitamin C :—

Raw milk, tomatoes, fresh vegetables, fresh fruits, sprouted cereals, greens etc.

Collulose in proper amount should be added to the diet, which will cause the food and its residue to move properly along the alimentary canal. Drink plenty of water. Avoid condiments of all sorts, highly spiced and rich foods, tea, coffee, cocoa and alcoholic liquors. They are highly injurious.

The amount of food will be determined according to the capacity of the stomach and the amount of depot fat accumulated in the subcutaneous tissue. Never eat if not hungry. Take a periodical fast.

Next we come to muscular exercise. We may place women under three classes : those engaged in manual works for earning their livelihood ; those who perform ordinary household works ; and those who practically lead a sedentary life. First of all let us emphasise the fact that all three classes need systematised muscular exercise, though not in the same amount. The object of systematised muscular exercise is not only to develop the symmetrical figure, strength and all-round physical fitness, but also to maintain the normal condition of all the vital organs as well as build better brain. For developing the finer contours of the brain which exhibit intellectual, emotional and volitional qualities special mental exercises will be scientifically combined with muscular exercise. Mental exercise should not be beynod the physical capacity of the individual.

The nature of mental exercise also will be properly determined. In addition to intellectual training, special exercises for developing the will power, power of control etc. will be incorporated in the training programme. Chaste attitude of mind should be developed.

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MUSCULAR EXERCISE

Muscular exercise for women may be divided into the following stages :—

1st Stage : Elementary exercise will be taught. All the muscles of the body will be moved in all possible physiological positions and directions. Special care will be taken of the abdominal exercises executed in standing, sitting and lying positions will be properly selected and added to the programme. Constitutional exercise will be properly combined with alimentary exercise. Walking, running, swimming, riding and practically all sports are included and the constitutional exercises will be determined in accordance with the individual requirements and constitution. Walking, running, hill-climbing, swimming, riding and cycling are most suitable. How long this stage will be continued will depend upon the condition of the individuals.

2nd. Stage : At this stage, muscle buildlng exercises will be adopted.

Muscle-building exercise may again be subdivided into Stage A and Stage B. After finishing Stage A, Stage B will be prescribed.

Stage A :—

Full contraction System (without instrumental aid) for muscle-building ; this will be combined with Controlling and organic exercise. The object of controlling exercise is to control all the skeletal muscles as well as internal muscular action. The main object of organic exercise is to influence the internal organs, while keeping the skeletal muscles unaffected to a great extent. If muscle-building exercise is scientifically combined with controlling and organic exercises, the most satisfactory results are expected.

Some alimentary exercise will not be altogether given up. The constitutional exercise will not be regularly continued.

Stage B :—

Either Wrestling Exercise with Graded Weight or Wrestling combined with Exercise with Graded Weight will be adopted. Either of these muscle-building exercises will be properly combined with Converging Exercise, Organic exercise and Constitutional Exercise. Some Elementary exercise also will be performed.

In addition to those physiological exercises methods of self-defence will be introduced for our women. Wrestling, Ju-Jitsu, Boxing, Lathi play, Sword or dagger play etc. are included under this head.

If the woman build themselves according to the above mentioned method, attainment of diseaseless body, symmetrical figure, feminine loveliness, vitality, strength, all round physical fitness and long life may be a matter of practical occurrence. They will have to be thoroughly prepared for motherhood. They will have such stamina and vitality that

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they will not run the risk of losing strength, figure or beauty as a result of motherhood. Above all things, they should beget vigorous children.

In conclusion, let me state the chief factors that constitute the Scientific Training for Woman-making :—

(1) Blood purification
(2) Proper diet
(3) Internal Cleansing
(4) Muscular Exercise
(5) Balanced Mental Exercise
(6) Chastity of mind.
(7) Sleep, rest and relaxation
(8) Outdoor life
(9) Other Hygienic measures.

SYMPTOMS OF MEASLES.

What to do for the Grave Disease.

Here are a few facts which everyone should know about measles.

1. A child in the early stages of measles may easily infect a large number.

2. After being exposed, measles does not develop for a period of from nine to twelve days.

SYMPTOMS.

The first symptoms of measles are :—

1. Eyes, red and watery. Eyelids puffy and eyes sensitive to light.

2. Child feels drowsy and irritable ; may complain of feeling chilly ; may have a chill ; likely to be feverish.

3. Hard palate and back of throat take on a dull, angry red colour. May be a few little red spots on the hard palate, and on the cheek inside, may be some small whitetipped reddish spots.

4. The child will be restless and thirsty.

After three or four days of these manifestations, little red spots will appear on the hair line and within twenty-four hours this rash will have spread over the body. (In from five to seven days the rash will begin to fade and in three or four days will be entirely gone.)

WHAT TO DO.

1. Keep the child in bed as long as there is any fever or cough.

2. Cover should be light but warm as a chill from cold or drafts may dispose to pneumonia.

3. Keep people away from the patient, especially anyone having a 'cold'.

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4. Give milk and a little iced lemonade.

5. It is very necessary to keep the room darkened for the protection of the eyes of the child.

6. Call the doctor—measles is a grave disease.

As soon as scaling is complete and discharges from eyes, ears and nose have disappeared the child may go with others or return to school.

Reports of Societies, etc.

—:o:—

THE PUNJAB PROVINCIAL VAIDY CONFERENCE.

Dr. Dharam Vir's Groundless Propaganda.

The Working Committe, held on the 9th September, passed the following resolution :—

1. The dates 9th, 14th, and 15th November, be accepted for the 4th P. P. Vaidy Conference to be held at Ambala.

2. This committee records its deep sense of sorrow at the untimely death of the most learned Vaidya of Bengal, Shri Jogindar Nath Sen M.A., Calcutta and expresses heartfelt sympathy with the bereaved family

3. This Sabha strongly condemns the vicious and groundless propaganda against Ayurveda, the national medical science of India, started by Dr. Dharam Vir, who as the President of the Gulab Devi Sanitoriam, should have been strickly impartial in the matter.

In fact Dr. Dharam Vir seems to be a great anti-nationalist, as he is very much opposed to Ayurvedic and other Indian systems. He could appeal to the public without any offensive note against other systems. I think he has no right to criticise any system unless he has studied it. In a national hospital like the Gulab Devi Sanitorium it is essential that separate beds be alloted for Ayurvedic treatment of the patients, and who wish it should be allowed to be treated by the Vaidyas, Hakims and Allopaths. Dr. Dharam Vir wants to have monopoly of Allopathic system only and that also under his own personal instuctions which I do not know how far he is right in the eyes of other Allopathas as far as his knowledge of Allopathy is concerned. I wish the members of the trust Committee would allow the Vaidyas, in the sanitorium side by side with Allopaths.

SURENDRA MOHAN, B.A.
General Secretary.

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DAYANAND AYURVEDIC COLLEGE, LAHORE.

Final Examination Results

(1) Vaidya Vachaspati Degree (4 Years Course)

Out of the 14 candidates the following students have been declared successful in the above examination by the D. A. V. College, Managing Committee :—

Roll No.	Name.	Marks obtained.
141	Rameshwar Singh	771
142	Mani Ram	748
143	Jagan Nath	824
144	Harish Chandra	811
145	Mathra Prasad	835
146	Ram Chand	766
147	Chaman Lal	740
148	Pyare Mohan	722
149	Dhan Dev	865
150	Dharam Dev	763
151	Ram Lal	803
153	Hari Prasad	709

(2) Vaidya Kaviraj Degree (2 Year Course)

71	Lakshmi Narian	818
73	Krishan Chand	676
74	Sukh Ram	753
75	Sawaya Ram	663
76	Braham Swarup	587
77	Hari Krishan	640
78	Vasu Dev	834
80	Daulat Ram	642
82	Gian Chand	639
83	Jagdish Ram	708
84	Chandra Dev	768
85	Mahavir Prasad	603
87	Madan Gopal	714
88	Vijya Nand	530
89	Someshwar Datt	672
91	Jaswant Rai	676
93	Ram Murti	898
94	Behari Lal	609
95	Sham Lal	574
96	Budhi Singh	773
97	Madhu Sudan Shastri	803
98	Desh Raj	645
99	Nitya Nand	668
100	Hardial	667
101	Brij Lal	813
103	Narinjan Dev	530
104	Raghubir Das	731
110	Jai Lal	703
113	Ram Chand	758

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Following students are placed under compartment in the subjects noted against their names

Roll No.	Name.	Marks obtained.
	VAIDYA VACHASPATI	
152	Gain Swarup	in Nidan.
	VAIDYA KAVIRAJ	
81	Milkhi Ram	in Pharmacy
86	Durga Datt	in Sharir
102	Balkrishan	in Nidan

SURENDRA MOHAN B.A.
Principal.
Dayanand Ayurvedic College, Lahore.

Medical News & Notes

—:o:—

SWADESHI MEDICAL INDUSTRY.

Resolutions at Poona Medical Conference.

The following are some of the Resolutions passed at the 7th Session of the All India Medical Conference held at Poona on 25th, 26th and 27th April last :—

(1) This Conference strongly condemns the assaults by Police on Ambulance and Medical Workers on various accasions during the Civil Disobedience Movement.

(2) This Conference condemns the policy of Government in not inviting any representative of the independent medical profession to the Medical Conference held in Simla in June 1930, to consider the question of the creation of an All-India Medical Council.

(3) While this Conference is in favour of the creation of the Indian Medical Council, it is emphatically of opinion.—

(a) That it should be, if and when started, an independent and predominantly a non official body with an adequate representation of the independent medical practitioners—both graduates and licentiates—and should have a non-official elected President from the beginning.

(b) That its functions should be, among others, to maintain a uniform and minimum high standard of medical education in India ; and

(4) This Conference recommends that the Resident Medical appointments in Hospitals attached to teaching institutions should be reserved for recently qualified Medical Graduates of these institutions, in order

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that they may have the opportunity of doing practical work before settling down in Private Practice or taking up Medical Service.

(5) This Conference reiterates its protest agoinst the reservation of appointment of I. M. S. Officers in the Medical Research Department.

(6) This Conference is emphatically of opinion that the Central Medical Research Institute, on the lines advocated by the Fletcher Committee, should be established at a University Centre as soon as possible.

RESOLUTION No. 15.

(7) This Conference recommends Government to give immediate effect to the re-constitution of the Governing Body of the Indian Research Fund Association as recommended by the Conference held in Simla on July 21st and 22nd 1930.

(8) This Conference recommeds that pending the creation of the Central Medical Research Institute the Government of India should establish scholarships to be given to deserving Graduates of Indian Universities for proceeding abroad to get training in Special subjects.

(9) Whereas the Government of India are about to appoint Committees of Enquiry into the question of Indianisation of the army and retrenchment of expenditure, and whereas the Medical Administration in the Civil and Military Departments will form an important part of these enquiries, this Conference urges the appointment of a representative of the Indian Medical Association on each of these Committees.

(10) This Conference strongly disapproves of the arrangements proposed at the Round Table Conference for recruiting European Doctors in the Civil Medical Services for the purpose of rendering Medical aid to Europeans in this country.

(11) This Conference condemns the action of the Government in reserving certain specific posts in the Indian Medical Service Cadre for European Officers only of the Service and strongly urges that the 90 posts, contemplated to be released, under the Government of India Communique of 1928, by the Indian Medical Service, and to be handed over to the Provincial Medical Service whenever a temporary or permanent vacancy takes place, should be filled by Provincial Medical Service men only.

(12) This Conference condemns the policy of Government in continuing to nominate Officers in the Indian Medical Service inspite of the repeated protests of the Medical Profession as well as of the public, and urges that all nominations in that service should henceforth cease; and further that the selection into the service should be by an annual competitive examination to be held in India, and open to all medical practitioners registered in India.

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(13) This Conference is strongly of opinion that the transfer of Officers of the Indian Medical Service to the Civil side should henceforth be stopped and that this service should remain a purely Military Medical Service; this Coference further declares that the members of the independent medical profession are prepared to offer themselves for Military Service in any war that may be waged in the defence of their country; and that they should thus serve as a reserve supply for recruitment in any defensive Military necessity.

(14) This Conference recommends that for the proper training of the Military Medical Officers, it is necessary to open an Army Medical College suitable for Indian Military requirements.

(15) This Conference recommends that the Army Department and the Government of India should inquire into the service conditions as also the terms of retirement of the temporary officers in the Indian Medical Service; and that these officers should be given a gratuity commensurate with the length of service they may have put in as temporary officers.

(16) This Conference recommends the formation of a scheme to promote legislation for the Indian Ambulance Convention on the lines of the Geneva Red Cross Convention, to the purpose of the statutory recognization, by the Civil and Military authorities in India, of the neutrality of the injured and the wounded and the sick; and of the ambulances, hospitals and medical materials; of the medical and nursing staff, and the personnel of the hospitals, ambulances and allied corps during the ordinary times of peace as well as during civil commotions, riots and war.

(17) This Conference is of opinion that the time has now arrived for the constitution of the Ministry of Health in every province with a view to pursuing an energetic policy of sanitation and medical relief in the country.

(18) In order to render India self-sufficient in respect of all the modern requisites for the practice of the medical profession and to promote medical industry, this Conference urges on all medical practitioners in India to encourage the use of drugs, sera, vaccines, surgical dressings, surgical instruments and other appliances of Indian manufacture.

To attain this end, schools and colleges of Pharmacy and technical schools for the training in the technique of the manufacture of surgical, electrical and mechanical instruments and appliances etc. should be established in India as early as possible by public spirited citizens to whom this Conference makes a special appeal for their early establishment.

(19) This Conference requests Government to consider the advisibility of protecting the infant drug industry in this country, particularly

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against the dumping of drugs, chemicals, etc at low prices and even below cost price by huge foreign combines.

This Conference urges on Government the necessity of encouraging the development of drug-farming in India

(20) This Conference is of opinion that it is high time that a Committee be appointed to compile the Indian pharmacopoeia.

(21). This Conference recommends to the Provincial Governments, Municipalities and other local bodies the immediate necessity of introducing medical inspection of school children within their respective jurisdiction.

(22) This Conference urges on Government the necessity of giving greater facility for the training of Indian women as nurses in the State hospitals and also urges the educated Indian women to take up the profession of nursing in larger numbers

(23) This Conference is of opinion that in order to secure proper medical aid in rural areas suitable subsidies for fixed periods, not exceeding five years, be granted by the Government, and District and Local Boards, to Medical practitioners to encourage them to settle in practice in these areas.

(24) This Conference offers its heartfelt congratulations to the large number of medical men and women, to the medical students and to the Indian nurses all over the country, who have most ungrudgingly given every assistance in organising ambulance corps and hospitals where the wounded have been looked after with the greatest care and devotion during the last Civil Disobedience Movement.

(25) This Conference places on record its gratitude for the valuable services rendered to the Association by Dr. B. C. Roy during the tenure of his office as President of the Association.

Reviews and Notices of Drugs

—:o:—

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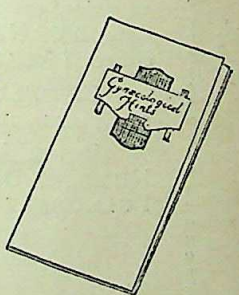
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(To be given from 1st month.)
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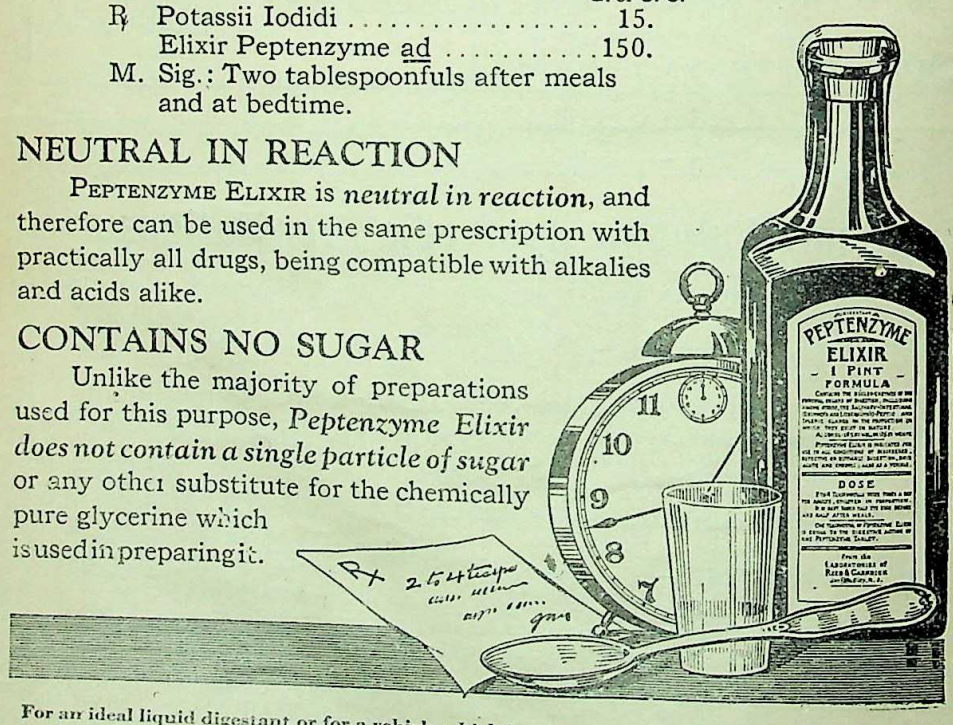
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THE JOURNAL OF AYURVEDA

Vol. VIII.] **December, 1931.** **[No. 6.**

1931.

With the current issue, we bid a good-bye to the year 1931, and look forward to the new year with a mixture of hope and misgiving.

The famous Round Table Conference has come to a close technically and will be followed by a few more Committees to what results only future can tell. Although we do not claim to possess any power to foresee events yet in a previous issue we sounded a note of pessimism about the future of India's prosperity.

The year 1931 is, no doubt, a very important one in the history of India in many respects of apparently contradictory nature and the future weal of India will mainly depend upon the intelligent fusion of these apparently opposite ideas and elements into one composite whole. It will, of course, require master minds to undertake the task but there can be no two opinions that the ultimate good of India depends entirely on the intelligent handling of the delicate conditions now obtaining in this peculiar country.

Although we are mainly concerned with things medical, yet we cannot ignore the political and economical conditions now obtaining in India, as the latter do not spare us altogether. It is rather unlucky for us all that, along with her political unrest, India should be faced with an economical crisis as well, and, as it generally happens, innocent business men and professionals should be the worst sufferers. With the fall in prices of raw materials, the poor agricultural population of this country can hardly pay their land revenues and taxes, the first

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charge on their income, not to speak of spending money on other necessities and luxury. In India the cultivators constitute the bulk of the population (about 85 P. C.), so that when they are so hard hit, it is but natural that the other 15 per cent, depending on them, should also be similarly hit. Even the Government with all its resources could not escape this financial trouble and has been forced to find out ways to evade a crisis by cutting down its expenses and increasing taxes. The trouble, the Government of India now is in, is a reaction of its past policy of extravagance. In times of affluence, it did not care to lay by something for evil days and increased, instead, the salaries of its servants and military expenditure inordinately with the consequences already mentioned. It is still following the old policy of fresh taxation forgetting that the camel's back may ultimately break. The present economical unrest in India is partially due to Government's wrong way of handling finance. It is now apprehended that the actual yield from the new taxations may fall far short of what was expected by the finance member during the last budget preparation.

It is, however, beyond our jurisdiction to blame or praise any particular party or individual, but this cannot be gainsaid that we, men of independent profession, are the worst sufferers without any relief from any quarter. We know business and politics go ill together and as such it behoves every businessman to keep aloof from active politics. It should be our lot to wait patiently for better days when real adjustment comes to be effected amongst the contending forces. We have every reason to believe that the present state of uncertainty cannot continue longer and, God willing, better days will visit us soon.

The much-talked-of All India Medical Council Bill is now ready which aims at constituting an Indian Medical Council on the basis of British Medical Council and thus

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putting a stop for good to all unpalatable controversies between General Medical Council on the one hand and the Indian Universities on the other. We have not yet gone through the entire bill but we hear that there are some clauses which do not meet with the approval of all sections of the medical profession in India. However, we hope to deal with the subject fully in a later issue.

The final report of the Drugs Enquiry Committee is also released from the official custody and it constitutes an interesting reading. Although we do not fully endorse all the recommendations contained therein, yet some of the recommendations made therein will not fail to do good to the people as also to the manufacturers when translated into action. We have a mind to return to the subject later on.

H. N. C.

Reviews and Notices of Drugs

—:o:—

PAINOL

We have received samples of the above medicines from Messrs. Star Medical Hall, Ayurvedic Branch, of 156, Harish Mukherjee Road, Bhowanipur, for trial.

We have tried the medicine on our patients and have found same effective. It soothes pain of all kinds, muscular, neuralgic or otherwise, in a very short time after application. The medicine is indicated in neuralgia, rheumatism, gout and other similar pains. We are glad to report that the medicine is better than many so-called specifics against similar maladies. The medicine is prepared from well-tried vegetable drugs, the formula being supplied by Kaviraj Sudhindranath Mukherjee, L.A.M.S.

We congratulate the Star Medical Hall for introducing Indian remedies in this way and wish the preparation a good future.

The medicine is obtainable from the proprietors of the above firm. The price is only As. 10 per phial.

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Late Babu Haridas Dutta

We regret to announce the death of Babu Haridas Dutta, proprietor of the well-known 'Lila Printing Works' at the age of 65.

The melancholy event took place at his Calcutta residence on the 24th of October, 1931. Babu Haridas Dutta was a close friend to late Kaviraj A. C. Bisharad, the founder and managing Editor of Journal of Ayurveda. The deceased Mr. Dutta had been always friendly to us and the smooth conduction of our Journal owes much to him.

Haridas Babu was born in a suburb of Calcutta in May, 1867 of a respectable family. His career in the primary and High Schools was uniformly good where he secured Scholarships. He passed F. A. and B. A. examinations with Distinction from the Calcutta Presidency College. He was appointed later Head master of Dinapur H. E. School which he had to leave due to ill health.

He served afterwards as the Sub-Editor of "Samaya", the then well renouned vernacular daily. After serving the newspaper for about six years he bought a Printing Press of his own under the name and style "Lila Printing and Binding Works" from its proprietors and edited and published two vernacular papers, one daily and the other weekly, named "Dainik Chandrika" and "Hindustan" respectively from the year 1904. Thenceforward Hari Babu became widely known and respected for his impartial editorials and honest publishing of news. The daily had a wide reputation in its days as being the best vernacular daily of the time. Even the Government was pleased with his up-to-date and instructive editorials and eventually the then Governor of Bengal awarded him a certificate of honour (Kavi Bhusan) on the occasion of His Magesty the Emperor George V's Coronation Durbar at Delhi.

Besides editing the newspapers named, he contributed much to the field of Bengali literature. His dramas, especially "Saraju Prayan" and "Apurna" are valuable additions to the dramatic literature of Bengal.

He was social, amiable and always kind to his co-workers and servants and these are the qualities that pushed him up to the fame he achieved.

He leaves behind him two sons, one unmarried daughter, a widow and a host of friends and relatives to mourn his loss.

We fervently pray that his soul may rest in peace. We also offer our sincere condolence to the bereaved family.

H. N. C.

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Original Articles

FEVER IN AYURVEDA

BY

ASHUTOSH ROY, L.M.S.

Hazaribagh.

(Continued from our last issue).

ANALYSIS OF PRESCRIPTIONS USED IN FEVERS WITH ONE OR TWO DOSHES DERANGED

(1) *In which Aconite is used alone*

(a) *Aconite alone not mixed with Neem*

Agnikumar Rasa—It contains Aconite mixed with
Black Pepper—carminative
Boch (acorus calamus)—carminative
Mutha (C. Rotundus)—diuretic, diaphoretic
Kur (Aplotaxis Auriculata) - stimulant, aromatic
Mixed with ginger juice and made into pill.

It is good in Fever with deranged chyle (shyam stage of fever) when given with 'Anupan' (adjunct and corrective) viz. honey, pepper and pulv. ginger.

In Kapha fever—with honey and ginger juice or with honey and juice of Nishinda (vitex Negundo)

In the beginning of Sannipat—with pulv. pepper and ginger juice to check kapha.

In anorexia as complication of fever—with ginger juice.

In indigestion as complication of fever—with pulv. cloves or with Borax, mercury and sulphur, calcined cowries (burnt shell of "kourie") and burnt conch-shell, rubbed in Lime juice.

In dropsy as complication of fever—with decoction of Dasamul.

In diarrhœa as complication of fever—with pulv. ginger or with juice of mutha (C. Rotundus)

In mucous diarrhœa—as complication of fever with coriandar seed

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In rectal diarrhœa as complication of fever—with honey and decoction of Kut (Saussurea Lappa)—antispasmodic.

In chronic diarrhœa in fever—with Mercury, Sulphur, Borax, Iron, Opium and Ptychotis

In asthma with fever (Bronchial asthma) - with mustard oil and old treacle.

It is generally a good stomachic, disgestive and appetizer in shyam stage of fever, as in acute and chronic fevers with various complications :—anorexia, nausea vomiting, indigestion, tympanites, diarrhœa in Kapha fever with pain all over the body in bronchial asthma etc.

Kaphaketu Rasa—It contains Aconite mixed with

Borax—antacid, good for throat

Burnt conch-shell—antacid, good for throat

Long pepper—carminative

Made into pill with ginger juice to be given with "Anupan" like ginger juice and honey or juice of betel leaf and honey.

It is useful in "Kapha" diseases generally *e.g.* fever with Kapha deranged, catarrh, sore-throat, asthma, fever with discharge from Nose and Ear.

It is contraindicated in cases of children, delicate and pregnant women as also patients dull, sleepy and apathetic with anorexia and bad odour in mouth.

A similar preparation used in hoarseness and loss of voice is Bhairab Rasa.

Sambhunath Rasa—It contains aconite mixed with

Sulphur

Black pepper

Opium

Mixed with water and made into pill.

It is useful in fever of opium-eaters and contraindicated in children and is good in fever with brain complications like delirium, mania, sleeplessness with pain in joints and all over the body. It contains very big quantity of opium (17 grains in 41 grains) and is made into one grain pill.

Sacchanda-Bhairab-Rasa—contains Aconite mixed with

Burnt copper

And mixed with juice of "Dhatura" leaves

Given with "anupan"—ginger juice, Rock salt and Sugar

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It is indicated in fever with Brain symptoms in urinary diseases.

Tripura-Bhairab-Rasa—contains Aconite mixed with

Borax
Sulphur
Burnt copper
Seed of Danti (Baliospermum montana)—Laxative
To be made into pill with juice of Danti
Given with "anupan"—ginger juice
or pepper, ginger and sugar.

It is useful in Nava-jvara (shyam stage of fever) with indigestion, urticaria, dropsy in fevers of Vayu variety.

(*b*) *Aconite mixed with Neem.*

Jayabati—Aconite and Neem are mixed with
2 peppers and ginger
Vidanga (Embelia Ribes)—carminative
Turmeric—carminative
To be rubbed in goats' urine

It is indicated

in Vayu fever—mixed with honey and ginger juice

in Pitta fever—with honey and juice of leaf of Karala (momordica charantia)—Laxative, or with honey and juice of khetpapra.

In Niram Stage of Vayu and Pitta fevers—with honey and juice of Sewli (Nyclanthus Arbor Tristes) which is antibilious febrifuge in Pitta fever.

In enlarged Liver and spleen with chronic fever—with honey and pulv pepper.

Jayanti-bati—Aconite and Neem are mixed with

Boch (Acorus calamus)—carminative
2 Peppers (Black and Long)—carminative
Aknadi (Cissampelos Pariera)—Diuretic
Talispatra (Abies Webbeana)—expectorant
Jayanti (Sesbania Ægyptica)—astringent
Aswagandha (Withania Somnifera)—stimulant, Nervine
made into pills with goats' urine.

Indicated in Kapha and Vayu-Kapha fever

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(2) *In which mercury is used often mixed with Sulphur.*

It may be noted that the metals and minerals are purified by special processes known as "Sodhan" or burnt into oxides and carbonates before being used as drugs.

Amrita manjari—It contains besides mercury as cinnabar
2 peppers—carminative
Jaitri (mace)—carminative
Borax
Mixed with juice of Gora Nemu (citrus acid) and made into pills.

Sreram-Rasa—contains besides mercury and Sulphur
Black pepper (carminative)
Croton seed (purgative)
Mixed with decoction of Danti (Baliospermum montana)
—Laxative.

It is useful in Vayu and Kapha fevers with constipation.

Baidyanath-Bati—contains besides mercury and Sulphur
Mixed as Kajjali (Black sulphide of mercury)
to which are added
Pulv. Katki (P. Kurrooa) Laxative
Juice of Karela (momordica charantia) bitter, or decoction of "Triphala" (3 myrobalums)—Laxative
Anupan (Adjunct)—Juice of betel leaves and hot water or juice of M. Charantia and hot water.
It is useful in fever with constipation. It produces evacuation without any griping at all.

Udak-manjari Rasa—contains besides mercury and sulphur
Calcined Borax
Black Pepper
Sugar
Mixed with Bile of "Rohee" fish and made into pills
Adjunct—ginger juice
It stimulates "Pitta" and is good in Kapha and Vayu-Kapha fever.
If excess of "Pitta" is stimulated, give rice gruel and whey as food.

Achinta-Sakti Rasa—Mercury and Sulphur are mixed into "Kajjali" to which are added juices of
Bhringaraj (wedelia calendulaceae)—alterative
Thalkuri (Hydrocotile Asiatica)—alterative

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Kesur (Eclipta Alba)—good in vayu-kapha
Aparajita (clitoria Ternatia)—purgative
Nishinda (vitex Negundo)—antifebrile
Geemia Sag (Mollunga cerviana Ternatia)—Bitter
Hurhura (oleome viscera)—carminative
Spinach or Palang Sag (Beta meritima)—carminative
Kantanatia (Amaranthus spinosa)—diuretic

To which are added—
Swarna makshika (Iron pyrites)
Black pepper
And rubbed with a piece of copper in a copper vessel and made into pills,

good in Vayu-Kapha fever—If after taking this medicine there is much thirst—Give water to drink and meat soup as food

headache—Cooling application to the head like Narain Taila.

Jvara-Dhumketu—contains mercury and cinnabar, as also
Samudra phena (sundried sea salt)
Sulphur
And made into pills by mixing with ginger juice.

Troilokya Dambara Rasa—contains mercury, sulphur and copper besides
Pepper—carmirative
Croton seed—purgative
Myrobalum—Laxative
Tewari—(Ipomœa Digitata)—purgative
Makra gab (Diospyros melanoxylon)—astringent
Mixed with juice of mansa (Euphrobia Nerifolia)—which is a purgative

Good in Vayu-Pitta fever

Parpati Rasa—Take mercury and sulphur and mix with juice of
Bhringaraj (Wedalia calendulaceæ)—add copper and Iron and rub in an iron mortar with juices of
Nishinda (vitex Negundo)—antifebrile, good in Kapha
Vasak (Adhatoda vesica)—expectorant, good in Kapha
Bamanhati (C. Siphonanthus)—good in Kapha
Jayanti (Sesbania auriculata)—stimulant
Triphala (3 myrobalums)—Laxative
Ghrita Kumari (Aloe vera,—Laxative
Trikatu (3 bitters)—carminative

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Chitra (P. Zeylanica)—stimulant
Medi (Lawsonia Alba)—astringent
Good in Vayu-Kapha

Ratna-Giri Rasa—Take Diamond, Pearl, Iron, Talc and Mercury as Sulphide (Rasa Sindura), mix with juice of Bhringaraj and after drying make into powder and then mix with juices of the following :—

Sajina (Moringa Pterygosperma)—pungent
Vasak (Adhatoda vesica)—expectorant
Kantikari (Xanthocarpum)—diuretic, expectorant
Nishinda (vitex Negundo)—antifebrile, good in Kapha fever
Gulancha (T. cordifolia)—antifebrile, good in Vayu fever
Boch (Acorus calamus)—carminative
Chitra (P. Zeylanica)—stimulant
Bhringaraj (Wadelia calendulaceæ)—Tonic
Bhui-kumra (Spœranthus indicus)—astringent
Brahmi (Herpestris monnuria)—Diuretic
Jayanti (Sesbania Ægyptica)—astringent, good in spleen
Bak-phul (Sesbania grandiflora)—astringent
Titaraj (Amoora Rohituka)—astringent
Ghrita kumari (Alœ vera)—purgative

Note—Similar preparations are :—Troilokya Chintamoni Rasa and Sarvanga Sundara Rasa.

Sometimes Diamond and Pearl are omitted from the above for economy. It is an alterative tonic in various diseases with suitable "anupan"

Navajvara Singha—Take Mercury, Sulphur, Borax
Long and Black Pepper
Opium

Mix with juice of Dhatura and make into pills.

Adjunct—Juice of Akanda (Calatropis procrea) and Trikatu (the 3 peppers).

It is a good sedative and is particularly useful for those who habitually take opium.

It is indicated in Vayu-fever with shivering and pain in the joints, fevers ending with perspiration (malaria), in rise of temperature particularly marked in the evening and at night.

If constipation—give with ginger juice
If Vayu-Kapha fever—give with juice of "Akanda"
(C. Procrea)

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Sitabhanji Rasa—Take Mercury, Cinnabar, Sulphur, Croton seed and mix with decoction of

Danti (Baliospermum Montana) and make into pills with ginger juice

It is useful in intermittent fevers with shivering fits and constipation. It is a good purgative antifebrile. When this medicine is taken, suitable cooling food and drink like cold water, juice of mug (Phaseolus mungo), juice of sugar-cane etc. should be given.

(3) *In which Arsenic is used alone not combined with aconite or mercury.*

Jvara Brahmastra—Take white arsenic and soak it in cow's urine for 3 days and then in juice of Kuksima (celsis coromandeliana—an antifebrile) for a day and wash in cold water. Take 1/9th of a grain and administer in a lump of sugar.

Good to check intermittent fever, before the onset of paroxysm.

Kharabati—Arsenic is mixed with Potash Bicarb and powdered rice and made into pills with cold water.

It is useful in Vayu-Kapha and Pitta-Kapha Fevers with excess of fever.

It should not be given to old men, young persons and delicate individuals. Sometimes after its administration, complications like vomiting and purging take place (mild arsenical poisoning), to avoid which reduce the dose and give with honey and ginger juice.

Don't give acid after the fever is checked after administering it.

Kasturi Bhusan—Take Musk, Mica, Silver, Gold, Orpiment add Trikatu (the 3 carminatives.)

Camphor

Rudrakshya (Elœocarpus Ganitas) relieves headache

Bamanhati (C. Siphonanthus) expectorant

It is antispasmodic, digestive, expectorant in fever.

(4) *In which Aconite and mercury are combined.*

Mrityunjaya Rasa—Take purified Aconite, Cinnabar, Sulphur, Borax, the 2 peppers and mix into pill with water.

Adjuncts :—

If constipation—give with ginger juice

If free evacuation—give with juice of Betel leaf

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If Vayu fever—give with honey

If Pitta fever—give with honey or cocoanut water and sugar

If enlarged spleen—give with pulv "Kalajira" (seed of Nigella Sativa) and old treacle.

If headache with constipation—give with ginger juice and juice of Betel leaves then after one or two motions with pulv "Kalajira" and honey.

It is also useful in Niram stage of fever, in remittent and typhoid fevers.

Jvara-Murari Rasa—It contains the ingredients of the above preparation mixed with purgatives like pulv. ginger, myrobalum, croton seed and calcined Borax.

One 2 gr. pill with ginger juice to be given in the Niram stage of fever every morning after the 5th, 6th or 7th day.

It is contraindicated in children, old men and delicate persons.

Hingaleswar—contains Cinnabar, Aconite, Long pepper made into pill

Adjunct :—

In Vayu fever—with honey and hot water

If constipation—with giner juice

If relapse—with pulv. pepper

Prachanda Rasa—Aconite, Mercury and Sulphur are boiled in vapour of juice of Nishinda (vitex Negundo)—It is a strong preparation and when given, cooling and soothing food like whey and soothing oil on the head should be given.

Tarun-Jvarari—Mercury, Sulphur, Aconite and Croton seed to be rubbed into pill with juice of

Ghrita kumari (Alœ vera) to be taken with sugar and water.

It is a laxative antifebrile, not so strong as Jvara-murari Rasa. Contraindicated if much burning with perspiration, sleepiness or delirium.

Protap-Martanda Rasa—Aconite, Cinnabar, Calcined borax and Croton seed made into 2 gr. pills with water.

It is a laxative antifebrile.

(To be continued.)

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NEW LIGHT ON AYURVEDA.

BEING THE PRESIDENTIAL ADDRESS OF THE

21ST ALL INDIA AYURVEDIC EXHIBITION

Held on 27th, 28th, 29th December 1930 in Mysore

BY

VAIDYARATNA DR. P. SUBBARAO, B. Sc., F. C. P. S.,

Bhishagacharya Adhyaksha Andhra Ayurveda Visva Vidyalaya, Cocanada.

My first words on this memorable occasion ought to be words of thankfulness. I am extremely thankful to the organizers of this remarkable Ayurvedic Sammelan for the rare honour, that they have been kind enough to do me, in inviting me to open this "All India Ayurvedic Exhibition" for this year. Friends, I feel I should give expression to the feeling of thankfulness, not so much for the visible tangible honour that has been done to me, but for the valuable opportunity that they have thus created for me, not simply to meet and exchange kind words with my fellow brothers and sisters, coming, as they do, from all parts of this historic land, which certainly I regard as a precious privelege in my life, but also to provide for me a fitting occasion for placing before them certain views which, after a long and laborious research, I have come to possess and cherish regarding the great science of Ayurveda and its unique mission in the world.

In opening this remarkable exhibition it is perhaps proper that I should speak of our indigenous drugs and of the methods in which Ayurvedic medicines are to be manufactured, as well as the inherent superiority of our system of medicine to all the other systems of the civilized world. But, I am sorry, I shall have to some extent disappoint you, in as much as, I do not propose to treat any of these matters. I would, instead, invite your careful thoughts to certain other matters of far more vital importance, that go to the very root, and affect the deepest foundations of the science of Ayurveda.

You are all very well aware of the prejudices against Ayurveda that are commonly prevalent among us, at the present time,

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not only among those that have had a purely Occidental education or training in medicine, but also among those that have made a serious study both of Occidental as well as Oriental medicine. These prejudices have held the field for such a long time and they are dinned into our ears by their votaries with such persistence and force that the average mind cannot possibly escape being impressed by their weight and authority. And so it was with me, now some ten years ago, when I had just emerged from an academic course in Western Medicine. But, though at first I naturally fell an easy prey to these ideas and was led to distrust and despise Ayurveda, some time elapsed, when to my great fortune my eyes were suddenly opened to the priceless treasures that are enshrined in our sacred Vedic Literature. And then, I found to my great wonder and enlightenment, that the several religious rites observed by us in our daily lives are not only not unscientific and superstitions, as I had thought before, but were full of extra-ordinary scientific significance and value. I then undertook in my own humble way, the huge work of making a careful study of what is generally known among us as Ayurvedic literature as well as of the Vedas, which are the holiest of our National Scriptures. When I did this even in some superficial manner, I was led to the following conclusions :—

i. that the Vedas are primarily treatises on medicine and Surgery, the Rig Veda dealing chiefly with the former and the Yazurveda and Atharva Veda with the latter.

ii. that these three Vedas are the principal sources of Ayurveda.

iii. that the Ayurvedic Triad, the Vridha Traya, as they have come to be called—the Charaka, the Susruta and the Vagbhata—are only subsidiary works, which, while they are in general agreement with the Vedas, seek to adjust their principal doctrines to the needs and conditions of the times in which they were written.

In support of these conclusions I do not intend to trouble you with a survey of the whole domain of research that I have so far been able to cover. I would only invite your attention to a careful and impartial consideration of two or three branches of Ayurveda which to my mind conclusively prove its intrinsic worth. They are :—

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i. The Nadi Nirnaya Sidhanta or Pulse-examination.
ii. The Krimi Sidhanta or Bacteriology.
iii. The Sajeeva-sareera-parisodhana or Vivisection.

I shall now proceed to deal briefly with these three important branches or bhagas of Ayurveda.

i. The Nadi Nirnaya Sidhanta.

As I enter upon this subject or even while I am on the threshold, I feel I am unconsciously involved in a sort of controversial warfare. I feel I am arrayed against some of the foremost Ayurvedic scholars of the day, who hold that the Nadi-sidhanta has no place whatsoever in the Ayurveda mata, and that when our conquering Aryan ancestors came down to the south into contact with the Dravidian races they learnt from them this as well as a number of other methods of diagnosis and treatment of disease.

But, with due deference to these distinguished men I would submit that they are perhaps in the wrong, for there are in our Vedic Scriptures which are universally recognized as the very first expressions of Indo-Aryan genius, scores of passages which all unmistakably point to the conclusion not simply that the Nadi-vignana is a branch of Ayurveda Vaidyasastra, but, what is more striking, that the whole of this ancient system of medicine rests primarily upon it.

Instead of wasting any more words I would at once recommend to your impartial study the following Sruti Texts which have been brought together from different corners of the Veda.

श्रुतिः 1. अग्निर्मे वाचिश्रितः, वाग् हृदये, हृदयं मयि, अहममृते अमृतं ब्रह्मणि ॥

2. वाक्प्रवर्तकसिरा धमनीः प्रज्वलयति स्पन्दति ॥

3. वायुर्मे प्राणे श्रितः, प्राणो हृदये, हृदयं मयि, अहममृते, अमृतं ब्रह्मणि ॥

4. अग्निर्वा आदित्यः सायं प्रविशति, तस्मादग्निर्दूरान्नहश्ये सूर्यश्चक्षुर्गमयतु, सूर्योमे चक्षुषि, तौ चक्षुर्हृदये, हृदयं मयि, अहममृते, अमृतं ब्रह्मणि ॥

5. चन्द्रमा मनसि श्रितः, मनो हृदये, हृदयं मयि, अहममृते, अमृतं ब्रह्मणि ॥

6. रेतो वा आपः, आपो मे रेतसि श्रितः, रेतो हृदये हृदयं मयि, अहममृते, अमृतं ब्रह्मणि ॥

7. पृथिवी मे शरीरे श्रितः, शरीरं हृदयं, हृदयं मयि अहममृते अमृतं ब्रह्मणि ॥

8. ओषधयः सोमे राज्ञि प्रविष्टाः, पृथिवी तनुः, ओषधिवनस्पतयो मे लोमसु श्रिताः, लोमानि हृदये, हृदयं मयि, अहममृते, अमृतं ब्रह्मणि ॥

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9. इन्द्रो मे बले श्रितः, बलं हृदयं, हृदयं मयि, अहमसृते, अमृतं ब्रह्मणि ॥

10. यावत्तनूरुहस्तावत्तनूषि विसर्पति, पर्जन्येनोर्धाधिवनस्पतयः प्रजायन्ते, पर्जन्यो मे मूर्ध्नि श्रितः, मूर्धा हृदये, हृदयं मयि, अहमसृते, अमृतं ब्रह्मणि ॥

11. वनस्पतिप्रेरित मन्युर्भवति, ईशानो मे मन्यौ श्रितः मन्युर्हृदये, हृदयं मयि, अहमसृते, अमृतं ब्रह्मणि ॥

12. ईश्वरप्रेरितचेष्टाश्रयं हिताहितकार्योद्देश्यविषयप्रवर्तकचेष्टाश्रयं शरीरम् ॥

13. ईश्वरप्रेरित चेष्टाश्रयं कीदृशं चैतन्यम् ? चक्षुवद्रूपग्राहकत्वाभावात्। श्रोत्रेन्द्रियवन्नब्दग्राहकत्वात् चैतन्यस्वरूपं शब्दस्यंदनरूपेण ग्रहीतुं शक्यत इति ॥

I humbly contend that these passages contain in them a complete statement of the Ayurvedic doctrine of Nadi Vijnana. Put shortly, the substance of these Texts is that the Hridaya Spandana (cardiac movements or arterial pulsations) is a complete index for every living body of all physiological, pathological and even psychological conditions, and that these pulsations or movements are transmitted by the blood to the periphery.

It was this doctrine that was in later times expounded by the three great Ayurveda Acharyas in the form of what they called the Tri Dhatu or Tri Dosha Sidhanta.

Some modern scholars have not however recognized this Tridosha Sidhanta as having any thing to do with the Nadi Vijnana. But this is not quite correct. On the other hand, when we consider those passages in Vagbhata which deal with this matter side by side with the Vedic Texts referred to above, one is deeply struck with their perfect agreement in declaring that the Vedic Hridaya-spandana is no other than the Tri-doshotpatti of Vagbhata, for both assert emphatically (and this to my mind seems to be the most conclusive proof of the point) that the Spandana as well as the Tridosha arise in the very biological process of the formation of blood or Amrita as the Veda calls it.

To clarify this point, I may just quote to you a few passages from Vagbhatacharya.

1. श्लो ॥ आदौ षड्रसमुत्पन्नं मधुरीभूतमीरयेत्, फेनीभूतं कफंयातं विदाहादाम्लतां ततः। पित्तसामाशयात्कुर्या च्यवमानं, च्युतं पुनः। अग्निना शोषितं पक्वं पिण्डितं कटु मारुतम् ॥

2. सू ॥ 'सर्वे रसाः पाकेन स्वादम्लकटुका भूत्वा यथार्थस्थिता रसाश्च तत्तत्फलदायका इति ॥

3. सू ॥ स्वादम्लकटुकाः पाक्या रसा यथाकफपित्तानिलाः समदोषा यथा यथा योगफलदायकाः ॥

4. सू ॥ सुखदुःखसौहार्त्मिकाः सत्वपञ्चमोगुणास्त्रयः प्रादुर्भवन्ति ॥

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I may also mention here one other fact, which will further strengthen my position that the Nadi Sidhanta is an Aryan and therefore an Ayurvedic and under no circumstances a Dravidian doctrine. The three great Rishis whose monumental works on Nadi Nirnaya, Vyasa, Vasista and Agastha, can never by any stretch of imagination be proved to have sprung of the Dravidian race. Indeed it is only a common truism of Indian Culture and Indian Philosophy that they were thinkers of the Vedic period of Indian history.

ii. The Krimi Sidhanta or Bacteriology.

We many now pass on to that branch of Ayurveda which is conscerned with the Bacteria. When we do so, we are at once impressed with the marvellous manner in which the Ayurvedists of yore built up a systematic science of Bacteriology.

I am quite aware of the fact that the weighty authority of some foremost Ayurvedists of the day is quite against me. Nevertheless, the more I reflect upon the meaning of some passages in the writings of some earliest writers on Ayurveda. like Bodhayana, Kausika and others, in conjunction with the Vedic mantra Brahmana beginning with "Atri natva krime hanmi", the more irresistibly the conclusion is forced upon my mind, that our ancestors were not only very familiar with but also made great advances in the science of Bacteriology.

To take into account only the most important topics of this useful branch of medicine, there are unmistakable authorities to show that the earliest writers on Ayurveda were well conversant with the existence of different kinds of bacteria, with the several ways in which they bring about disease, as well as, with the different methods in which they can be counteracted or destroyed. And what is more astonishing is that in all these matters they were not people, who merely made a beginning, but were people who were advanced in their studies and research to the farthest limits of which western medical men even of the present day can only dream.

Among the numerous Texts that come up to my mind when I think of this subject, I would only mention here a few choice ones that you may bestow upon them your most serious reflection. And I am sure that even a little thought will convince you of the truth of my contentions.

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i. That the early Ayurvedists knew fully well of the existence of different kinds of bacteria and of the different diseases produced by them is clearly proved by the following text from Bodhayana ;—

i. नक्तंचारिण उरस्पेशान् शूलहस्तान् कपालपान् पूर्वराषां पितेत्युच्चैः स्राव्यकर्णिकः। माता जघन्याः सर्वति गामे विधुरमिच्छन्ती ॥

Naktam charina means *krama charina* and includes all those bacteria that live in chains i.e. the strepto cocci, tuberculosis, anthrax, diphtheria ; *uraspesan* means encapsuled corresponding to the bacillus aerogenous capsularis ; *Soola hastan* denotes a pike in the fist and represents bacillus tetanus and *Kapalapan* is the bacillus edematus maligni or cancer germ . These names are sufficiently self discriptive and there can be no mistaking. Further, it is said that these bacteria live (*Jaghanya Sarvati*) in the *Matha*=prasoota's womb and likewise flourish upon the cervical discharges (Karnika sravah) and attempt at getting into the blood current *grame-pure sareere* (*grame—vidura michanti.*)

ii. That they made a careful study of the growth and development of bacteria is well indicated by the following two passages from the same author.

ii. अयः शण्डो मर्क उपवीर उलूखलः श्वयनो नश्यतादित खेशनीश्वलोमिनी खजापो ज्योपकाशनी अपेतनखतादित ॥

Sanda means a bunch of flowers and is here used to denote the staphylococci and sarcoma which live in groups and *marka* means a large belly ; the term sanda-marka indicates that certain bacteria like the staphylo family which multiply by spore formation and others by fission or upa veera : *upaveera* means division into two independent halves like the division of the earth worm each half living as a whole worm.

Again the *Marka Janita* or sporeformation is divided into endospore represented by *khesani* meaning encased and orthospore or flagella represented by *Swalomini* meaning the rough hair, like that of the dog. Further, the endospore is a body containing a highly lustrous body vide *Jyopakasini* and is lame *Khajapa* in contrast with the motile flagella.

iii. Of the ways in which they bring about disease, the following texts are ample proof :

1. सिंघवामपकौवेरका रज्जीराजेन प्रेषिता ग्रामं स जानतो गच्छन्ती इच्छन्ती परिधावतान् ॥

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Raksho raja means infection and *prekshita* means stimulation, *kauberaka* means an animal with eight teeth and thirty two feet and is here used to denote that the blood cell throws out lateral teeth-like projections when stimulated by infection, *misra vasasa* = *achadanena misrita* and *jana* = *sookshma—roopi* or *adrisya-roopi* and applies to the germ, the prefix *saha* means together and suffix *thah* means in the same way, paridha means a circle. Thus we get that infection stimulates the blood cell to throw out lateral teeth-like projections and in the same manner the disease germ throws out hair-like projections on its head and becomes a flagella and joins the lateral chains of the cell projectors and form the circle of disease propagation.

iv. The same learned writer Lord Bodhayana also prescribes methods by which all these infections may be prevented, controlled and cured. The following passages suggest those methods.

1. कांख्डेरधकाष्टिकैर उलूखाल: च्यवनो नश्यता दित ॥

The Phagocytic germs, the Staphylo and the Sarcoma, which thrive on *ulookhala* = Chandala = Pabulum, shall perish through inanition by the draining away of the Pabulum.

2. एतान्नग्नतैतान् गृह्णीतेत्यं ब्राह्मणस्पुत्र: तानग्रि: पर्यसरतु, तानह वेदाब्रह्मण: प्रम्रुशत: कूटदन्तान् विकेशान् लम्बनस्तान् खाद्दा ॥

Here the Lord announces his most striking discovery in the whole Bacteriology that the receptors which the infection has set up on the body of the blood cell may be made to fall out and in that case the course and direction of the infection is reversed with the result that the flagella when cought by the dislodged receptor loses all its infectionsness and becomes an antibody.

Nagnata = dislodged, Brahmanah Putrah = microbe (Sookshma roopi); pramrusatah = sparsitah, koota danta = dislodged receptor (tooth), Vikesa = (vigatha kesa) flagella, Lamba = Prabhava, Nasta = Nasa.

A close study of these texts will reveal that Hindu Bactriology is not a myth but a veritable fact. It further proves that bacteriology is a part of the substructure of the system of Ayurveda and that it is not inconsistent or incompatible with the Tridosha theory, on which alone some of us have supposed Ayurveda to rest. It is also remarkable to note how these passages anticipate some of the most recent discoveries in the

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field of Occidental Bacteriology—for instance the Ehrlich's side chain theory was long ago contemplated by the passages referred to above beginning with *mishravasasa* and *ethanagnata.*

Similarly, the theory that holds the existence in the healthy human body of the most dangerous of all disease germs—the maningococus, was foreshadowed centuries ago by the Ayurvedists of our country. Such a reference is found in the passage beginning with Nisheda charini.

1. निषेधचारिणी स्वसामन्त्रिनापेचिते कुलं या स्वपंतं बोधयति यस्यै विजातायां मनः,
तासां त्वं कृष्णवर्त्मने क्लोमानं हृदयं यकृत् अग्रे अचीषे निर्दह स्वाहा ॥

Nisheda=Nishidda ; Swapantam bodhayati=gets irritated.

In the face of such clear testimony if some of us are prepared to declare that Ayurveda has no bacteriology, it would, I think, be nothing short of absurdity. To such I can only say that they should shake off their lethargy, in which they seem to be contented, and to apply themselves more seriously to a systematic study of the endless literature on Ayurveda.

This mistaken impression is owing to the common tradition that the Vridha-traya is the first and last word on Ayurveda. But it is noteworthy that Sushruta lays down an elaborate process of fumigation and sterilization both before, as well as, after an operation. In this he strictly follows the procedure set forth in *Pasupanna* of *Yazurveda* and the *Saiva Sruties* of *Rigveda.*

If Sushruta had stopped here it may be open to say that all this is only parasistology and not bacteriology. But fortunately, he actually makes mention of half a dozen kinds of *Rakta krimi* and a similar number of *kapha krimi,* referred to in the *Manthra Brahmanas* beginning with *atri natwa krime hanmi.* This is certainly bacteriology, however summary the treatment may be, and it rests heavily upon those, who take their stand on the Vridha-traya as the chief Prastana of Ayurveda and yet assert that we do not possess any Bacteriology, to interpret these texts in a manner which does not involve any reference to such a science.

1. मन्त्रब्राह्मणम् ॥ अत्रिणा त्वा क्रिमेहन्मी खर्वेण जमदग्निना विश्वावसोर्ब्रह्मणा हतः क्रिमीणां
राजा अप्येषां स्थतिर्हतः, अथो माता, अथो पिता, अथो स्नूषा, अथो दुहिता,
अथो स्वसा, अथो श्वेता, अथो आशातिका हताः श्वेताभिः सह सर्वे हताः ॥

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iii. SAJEEVA SAREERA PARISODHANA.

Another important branch of the Ayurveda to which I may with advantage refer you is the study of living bodies by means of what is to day familiar to our western medical brethern as Vivisection. I am sure that many among you will be astonished to learn that the science of Ayurveda really contains a branch of study which we may most appropriately name Vivisection.

We may go even much further than this. In the field of western medicine it is not more than three decades ago that the term vivisection came into any appreciable vogue. And it is no exaggeration to observe that our western brethern are almost at the beginning of their study. Not so were the Ayurvedists of ancient times. They not only conceived the possibility of this very useful science, but also made splendid advances in their investigations. Western medical men of to-day can at the most boast of a few successful, or perhaps more truly unsuccessful, experiments on certain members of the lowest species of the animal kingdom. Still less can they congratulate themselves upon having reached any definite conclusions, upon having produced any tangible results that have any certain or fruitful application in the field of medicine. To realize the high worth of the achievements of our ancestors in this direction, you should only read the Adhana panchaka of the srowta bhaga of the Yazurveda. There you have a body of literature that deals with vivisection not of some sporadic instances of the animal world, but of a systematic and graded study ranging from the birds and the reptiles up to man himself who is the crown and completion of all living creation.

It is not possible here to introduce you to all the details of this vast literature contained in the Yazurveda and later codified by the illustrious sage Kausika in his Karma Sootras. But I can assure you that there is in them sufficient testimony to show that our ancestors were all well versed in all the departments of the study of vivisection. Clear references are made to as many as 40 different kinds of Major Vedic Kratus, each of them being devoted to the study of some particular species of the animal kingdom. In these studies they attached much importance to the following subjects :

i. The functioning of individual viceral organs.

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ii. The five main physiological systems or Kosas : *the Annamaya* or the alimentary-circulatory system, the *Pranamaya* or the respiratory system, *the Mano-maya* or the cerebro spinal system, the *Vijnanamaya* or the autonomic system and the *Anandamaya* or the genito-urinary system.

iii. The phenomenon of sex-metamorphosis which is still a mystery to the modern scientists.

In addition to these important subjects, very interesting and instructive experiments also seem to have been made with extraordinary success relating to the therapeutic action of certain drugs on the animal bodies. This is a line of research which, to speak quite frankly, is utterly unknown to our western brethern even at the present day. And yet of all these things we have a clear and consistent exposition in the *Soma Panchaka* of the same *Srowta.bhaga.*

CONCLUSION.

I think I should now bring this address to a close. In doing so, I would sincerely urge upon you all the great importance of serious and comprehensive research in the field of Ayurveda. What I feel I have done in this short address is only to place before you the barest outlines of what seems to me an endless research. Friends, I have taken long strides, very long strides indeed ! I have told you only of a very few of the unlimited and invaluable possessions that are embodied in the vast literature of the glorious science, which we have all the honour and the pride to study. What I have spoken today is but a drop in the limitless ocean of scientific investigation in which all these years of my devoted labours I have covered but one short span. This research is not confined to the two or three matters that I have dealt with in this address, but to several others which are equally, if not more, important. It is needless to trouble you now with a long catalogue of all these subjects. I would only mention of some of the most useful branches that will admit any number of earnest explorers and any amount of exploration.

They are :—

i. Rasa bhaga,

ii. Obstetrics and Pediatrics.

iii. Practical operative surgery leading to the restoration of the lost senses of hearing, sight and speech, and tran-

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splantation of limbs, even the head ! mentioned in the *Saiva Sruties* connected with the *Dahsha Yagnya.*

iv. Rejuvenation contemplated by the *Putra-kamaisti* performed by Dasaratha, and transplantation of testicular glands to Lord Indra.

v. Internal secretions with special reference to endocrinology and organotherapy.

vi. The influence of the Moon and other planets on the vegetable drugs with special reference to eclipses.

vii. Heliotherapy (Sun baths) with reference to the individual value of the seven colours (*Sapta asva*) contemplated by the Aruna mantras.

viii. Water as a cure, similarly *Mrittika* contemplated by the vedic *Snana Vidhi.*

ix. Laghvee-Karana of heavy metals (*varitara*) and other peculiar processes leading to vaporisation of metals and ionic treatment.

x. *Dhatu Samskarana* : influence of metals on other minerals in the composition of medicines when they do not get actually incorporated, for instance, the use of gold in the preparation of makaradhwaja.

xi. Injections and administration of medicines by the parentral route, *Astra Prayoga.* Astra asyata ityastram asyati = kshipati = prerati = to inject.

But this is a task which is impossible for a single individual, however diligent and intelligent he may be. What I may perhaps claim to have done is merely to have made a beginning and that too in the humblest form possible. Under the auspices and in the name of Andhra Ayurveda Visva Vidyalaya, I have had the fortune of doing some work, which though it must necessarily appear to be small compared with what is still to be done, has yet shed a flood of light on the Noble Science of Ayurveda. More men are required and more money is required for the successful accomplishment of this infinite undertaking. Moreover, it seems to me the surest and the most effective way of answering conclusively some of the unjust and mischievous criticisms that are levelled against the Noble Science of Ayurveda, for, then we will be able to show not only to these critics but to the whole of the civilized world, what in their silent and solitary groves the wonderful Seers of Vedic fame lived for and accomplished. And I strongly feel it rests heavily upon the shoulders

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of every one who calls himself an Ayurvedist to do his humble mite towards the completion of this truly patriotic task.

With this fervent appeal and with the offering of my cordial thanks to the Organizers of this Grand Exhibition, which has afforded me this opportunity of coming before you now to make this appeal, I have the honour to declare this Exhibition open.

SIMPLE METHODS OF TREATING CHOLERA AND SNAKE BITES IN RURAL AREAS FOR LAYMEN

BY

T. G. RAMAMURTHI AYYAR,

Medical Officer in Charge, Local Fund Siddha Dispensary, Aval Poondurai, Erode, Madras Presidency.

I. CHOLERA.

This wild infectious disease characterised clinically by violent purging and rapid collapse suddenly springs up in villages by the side of the main road and in the interior hamlets, while an epidemic prevails in pilgrim places. In some form or other it levies a heavy toll of human lives. The infection is carried to these villages by the return of pilgrims with contaminated prasathams, food and raw vegetables or fruits and sometimes by carrying a patient who is already attacked.

Such an infection can be quickly controlled in the villages, as many of the villages have only wells that supply water for all purposes. Few have small streams or wide tanks. The wells can be hanchinised immediately and the streams or tanks can be guarded by watchmen. These are the established rules of preventive measure known to every one, but there is none to do them immediately on the spot. Therefore the infection is allowed to spread and a good many cases die without any treatment before any report reaches the Health Officer. Only a couple of sinking cases here and there and sometimes none at all remain for inspection by the Health Officer who cannot reach the place quickly in all cases. He had to pursue only inoculations on unwilling healthy men and to hanchinise the wells. If

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I am not misunderstood I should quote here the proverb "The door is locked after the steed is stolen." It is often a day after the fare. This kind of service is neither the fault of the village officer nor of the Public Health Department, as everyone of them takes up such steps that are in their power earnestly, but the present arrangement is such that they are not given an opportunity to attend to the preventive side or treatment question of the cholera infection, which is sudden and unexpected. These things are all possible and are done actually. Greater progress can be expected while the financial condition of our benign Government was steady. Now there is a decline in the finances of our country. Hereafter the people cannot expect more help than what is now being done. The Government cannot post a Sanitary officer to each of the villages and provide costly medicines for every village in these days of retrenchment.

The cheapest and efficient methods to suit the present-day conditions to handle such situations lie in giving instructions to the village officers and village school masters as to how to hankinize the wells with Potassium Permanganate, how to protect the watersupply and a simple remedy like "Liquor sachab Fermentatus" which is the fermented juice of Red sugar cane, prepared according to ancient Indian methods and found effective in my practice. The cost is not prohibitive as one pound of the juice may cost only about four annas if it is manufactured departmentally ; and this can be given in ½ to 1 dracham doses mixed in double its quantity of water every 3rd hour ; this is a safe preparation to be placed in the hands of laymen, like the village officers. We should also give instructions regarding segregation of the attacks and disinfection of the dwellings, clothings etc,, with coal tar derivatives and disposing the soiled linen etc. by burning them in pits.

If the villagers get such a training, they will carry them out immediately and save the situation to a very great extent, as they happen to live close by. Then the preventive staff may go over to the spot as they do now and inspect whether such of the instructions have been duly carried out or not, and do the preventive inoculation or any other methods that a layman cannot do.

Only such economical and at the same time radical measures will be of real service to the nation, since direct remedial measures alone can save the victims from final succumbing.

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II. SNAKE BITE.

This is also a sad feature and sudden incident among the villagers to be dreaded every day. This requires no great skill to diagnose. Of course quantitative analysis may be difficult. Reverend Father F. J. Caius and Dr. Mhasker, the two Research scholars of the Haffkine Institute, Bombay, clearly state that no methods have been found out as yet to estimate the dose of the venom injected by a snake in the system when bitten by it. So, scientists can do little in the treatment of such cases with an antitoxin. They also say that they have tried a good number of Indian remedies in their experiments on dogs after injecting a lethal dose of the venom, hypodermically and found useless, and assure that the so called cures said to have been effected by non scientists, must have been the cases where either a lethal dose was not injected by the snake or the sacs might have been empty or mere fright of the individual, who is said to have been bitten. The world should be indebted to these scholars, who worked hard to find out a remedy to be cocksure of its effects, but unfortunately not a single antidote was available, the kind of which will counteract the lethal dose of the venom, to reward their troubles.

I wonder if there are any anti-toxins or antidotes or specifics for any other poison or pathogenic organisms that produce Plague, cholera, Typhoid and the like, after the lethal dose has been allowed to circulate into the system.

"Dr. W. H. Schuessler, the great Biologist of Germany says, "Were it not for the supposed efficacy in so called "Self-eliminating" troubles, the value of many drugs would long ago have been discredited."

So a lethal dose means death ; it happens either immediately or some time later.

It is mentioned in our Indian History that Alexander the Great ordered the men who were bitten by snakes in his army, to be brought to his pavillion for treatment by Indian Physicians, as the Greek Surgeons who followed him were not able to treat such cases.

What does this show ? It is clear from this, that the Indian physicians must have cured at least some recovering cases as our friends Father Caius and Dr. Mhasker pronounce to be the cases of simple threat by snakes which require no treatment at all and gained the confidence of the Great Emperor, whereas the Greek

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Surgeons' attempt even in such cases must have failed to be confident of their treatment. Will it be possible to declare that all cases that were treated by Greek Surgeons should have been cases of "lethal doses" and of the cures effected by Indian Physicians to be those of simple ones ?

We should apply a little bit of our common sense to solve this problem, before we declare that there is no remedy for snake bites. Of course there may be no remedy to correct the lethal dose of any toxin. But we should admit that there are remedies, or antidotes or anti-toxins for "Self eliminating troubles" as Dr. Schuessler points out.

So long as there is no method by which we are able to determine the dose of the venom injected by the snake, it is all the more imperative that some immediate attention is to be given to snake bites, otherwise we commit blunder and allow a man to die without any treatment if we adhere to the principles of our two scientific friends who insist on first making a quantitative analysis and then treatment. The conclusions arrived at by their experiment is that no treatment is expedient for snake bite cases, as they find no remedy to counteract the lethal dose and also find that no treatment is necessary for non-lethal doses which will be cured without any treatment. Thus we feel from two extremes.

Can anybody venture to be left alone to fate after the snake-bite ?

There are various methods of treatment for various venomous stings and bites in the indegenous systems and are practised by the Cochin Prince himself. The people have great confidence in him. But it will be too late in some cases and it is impossible to carry a bitten man to him from every part of the country.

Therefore a remedy of repute from our ancient sastras which is no more a secret remedy is available with me for use in such cases. About 2000 doses I have in stock for free supply. This remedy can be kept in stock by the village officers and may be used immediately when necessity arises.

Directions for use :—The bitten part to be scarified with a pen-knife and ligature applied above the seat of bite and this medicine to be rubbed in and also the size of a horse gram to be given internally. If the patient is already unconscious, the top of the head also to be scarified after shaving the heirs there and scarify and rub the medicine and apply over it a chatty filled with

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live charcoal fire until conscience revives. Care should be taken that the part is not burnt. These directions can be carried out by any layman. The treatment is not dangerous and is sure to mitigate the venom's force. To carry out the above treatments efficiently by the village officers the following kit should be provided to them with complete instructions printed in bold types, mounted on frames and to be made to hung on the walls of the village chavadies, schools and the village officers' quarters in the language of the district.

1.	Medicine for Cholera	1 lb.
2.	,, ,, Snake bite	½ drachm
3.	Pot. Permanganate	½ lb.
4.	Phenyle	2 lbs.
5.	Pen-knife or lancet	1
6.	Charts in vernacular showing the preventive measures and directions for treatment	4 copies.

In conclusion, I beg to request the Public Health Department and other scientific friends to give a fair trial of the above two treatments and if they find them of use I shall give the full directions as to how they can be manufactured by themselves. I am also willing to supply the Haffkine Institute and The Parel Laboratory, Bombay if they are willing to conduct their experiments for the benefit of the nation.

Our country's welfare depends on the rural uplift and this is wellknown to all statesmen.

I hope the public health departments of various Presidencies and other organised bodies will take necessary steps for the welfare of the poor agricultural and industrial populations that live distributed in seven lakhs of villages in our country. These remedies if tried and approved in the different parts of the country, will become popular and bring relief to every village and hamlet. Every rural reconstruction centre may popularise these remedial measures and every dispensary whatever may be its label "Allopathic or otherwise" may give these a fair trial. I am willing to receive accounts of similar experiments and we can find a way out to bring relief and succour to many a distressed home in distant villages and hamlets and free humanity from the untold sufferings from these terrible scourges and dangerous maladies. In fine it is a piece of solid national service.

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Health and Hygiene

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DON'T TAKE BLOOD PRESSURE TOO SERIOUSLY

A Symptom and not a Disease

BY DR. J. J. SCANLAN

Probably more middle-aged men and women walk in fear of high blood pressure than of cancer. In many cases the fear and worry is quite without foundation. Blood pressure is neither a new fad nor a fancy. It existed long before the Flood or the discovery of the blood stream. What is new is the introduction of the sphygmomanometer, the instrument used in determining it.

Taking a count of a pulse at the wrist is a simple matter compared with taking the blood pressure in the region of the mid-arm. The pulse can be taken in half-a-minute by counting the beats with the second-hand of a watch. The simplicity of the method enables a count to be taken two or even three times during an examination without inconvenience or excitement to the patient. The normal pulse is usually about 72 beats to the minute. The excitement of a medical examination may easily send it up to over 100. If after an interval of ten or fifteen minutes, the pulse is again counted, the rate may have dropped to about 80 and if it is counted yet again at the end of the examination it may have regained its normal rate of 72.

TESTING THE PRESSURE

Taking the blood pressure is a much more elaborate performance. The arm has to be bared and the cloth portion of the sphygmomanometer has to be wound round it. This has to be inflated with air by pressing a ball syringe, and, when the pressure stops the pulse at the wrist, it is "read off" on the dial of the machine. It is estimated in terms of a column of mercury in a graduated tube. In young healthy people it varies between 100 and 140.

Age has an influence on blood pressure. During the 20 years to 40 years period, it ranges between 130 and 145. Between 50 and 60 it rises to 155 and between 60 and 70 its goes up to 180. Blood pressure is of great importance at the "Life Insurance" age. Most policies are taken out between 25 and 40, and during this period the blood pressure should be well within the normal limits of about 135 to 145. It can vary in healthy subjects from 100 to 145.

It is often forgotten by the layman that high blood pressure is a symptom and not a disease. It requires repeated taking from time to time before a decision can be made that the abnormality is temporary or permanent. The technique required is considerable. Precision calls

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for experience, care and skill, and interpretation depends upon sound knowledge. Where high blood pressure is definitely found, a cause for it must be sought. A cause for it may be traced to all or any organ in the body.

Causes of High Blood Pressure

The causes of high blood pressure include the poisons which intemperate drinkers and eaters consume, perhaps the eaters more than the drinkers. Certain diseases produce changes in the blood vessels which render them less elastic. This sends up blood pressure, and if continued long enough a blood vessel may burst. Careful medical advice on diet can usually control such a condition and vegetarians and tee-totallers certainly score.

On the other hand, a man or woman may be quite healthy and abstemious in every respect and still have a high blood pressure. This is what may be called a "flaw" or a "trap" in taking blood pressure. Absence of mental tranquillity results in high blood pressure. Nervous conditions may produce a similar effect. As in the case of pulse-taking there may be considerable difference between two blood pressures of the same person taken within an interval of half-an-hour. The first one should usually be disregarded, especially in the case of people suffering from nervous disquietude.

To be taken with "a Grain of Salt"

High blood pressure has often to be taken "with a grain of salt." Especially on the first occasion, it may be due in part, if not wholly, to the excitement of the moment. Blood pressure taken while the patient is asleep would be ideal, but is hardly practicable. It must be remembered that what we know about the setting of fractures was learned by observing the position of rest assumed by patients while they were asleep.

A temporary or transient pressure is one of nature's safety-valves. A permanent high pressure is one of Nature's retributions for the manner in which she has been abused.

The remedy carried out under the direction of a doctor is usually the exercise of common-sense. When detected early enough, forms of exercise, diet and sport can arrest the condition. In most cases each form of high blood pressure requires individualistic treatment.

As there is a "crowd psychology," so there is a national high blood pressure. Some great event may send a nation's blood pressure up. The normal becomes abnormal. At such moments we look for a leader who can remain cool and collected—for someone, in fact whose blood pressure is under control. Do we not speak of him as possessing "sang froid"? The history of nations is written in the literature of blood pressure.

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Reports of Societies etc.

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PRIZES FOR A SPECIFIC FOR SNAKE POISON.

First prize of Rs. 2000 (two thousand),
2nd ,, Rs. 200,
3rd ,, present of a shawl.

For the spread of information regarding a genuine specific for snake poison, the G. C. (short for Gudha Chikitsa) Mandal of Poona has decided to award the above mentioned prizes.

General Conditions.

1. The remedies will be tested only at the Hoffkine Institute at Parel, Bombay, by the experts there.

2. A committee consisting of two representatives of the G. C. Mandal, and two representatives of the owner of the remedy who should be duly qualified medical persons and a chairman appointed by these four will be the final authority as to the efficacy of the remedy.

3. In case more than one remedy of the first two classes be found to be effective, the amount of prize for that class will be distributed among the owners of these successful remedies.

4. A fee of Rs. 10/- will have to be paid by each applicant *after the remedy is accepted for trial.* This fee will be returned to the owner only if the remedy is found to be effective. The proceeds from the fees will be utilized solely for the spread of knowledge regarding genuine specifics for serpent poison.

5. Applicants for prizes should give information under the following heads :—

(a) Name of sender, Profession, and address

(b) In the case of application for the first prize of Rs. two thousand, the Name of the drug and complete formula, and detailed method of administering the remedy.

(c) The kinds of poisonous serpents for which the remedy is useful.

(d) Whether the remedy is given gratis, if not, what fee is charged per each complete treatment.

(e) Consent for the publication of result of the experiment.

(f) Willingness to be present at the time of the experiment.

(g) Certificates from medical men or respectable persons as to importance and usefulness of the remedy.

Special Conditions.

The first prize of Rs. two thousand is meant for an open, i.e. non secret, remedy.

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The second prize of Rs two hundred is meant for a remedy which the owner may not make public, but which he guarantees to communicate to select persons and make it available to the public at a reasonable price.

Third prize of a present of shawl at the hands of a distinguished personage will be given to the owner of a secret but effective remedy who is not willing to accept any of the above two conditions.

Prize Committee—For the management and disposal of prizes, the following committee has been appointed.

(1) Prof. V. M. Joshi, M A.
(2) Dr. M. V. Apte, B.Sc., M B.B.S.
(3) Shrijut Vaidya Panchanan Krishna Shastri Kavade, B.A.
(4) Shrijut J. S. Karandikar, B A., L.L.B. Editor, 'Kesari.'
(5) Prof. G. B. Kolatkor, M.A.

All communications should be addressed to

THE SECRETARY GUDHA CHIKITSA MONDAL,
17, Deccan Gymkhana Colony, Poona N. 4.

DAYANAND AYURVEDIC COLLEGE, LAHORE.

The 5th Anniversary.

On the 31st of October, the Dayanand Ayurvedic College Anniversary was celebrated in the Atreya Park at 4-30 p m. under the presidentship of R. B. L. Sewak Ram M. L C. The Exhibition of Various herbs, of prepared medicines, Pharmacy Machines, and of Anatomical Models was an attractive show. The function was started with a big. Havan, then R B. Bakshi Sohan Lal introduced the president as a worthy son of a worthy father, the late Sir Ganga Ram. Then Pt. Ram Gopal Shastry Vaidya Bhushan was asked to deliver a short speech. He proved the Ayurvedic Sceince to be older than Charak and Shushrut, so much so he read out the names of many diseases and thier causes from Atharava Veda. He then urged the students to create a faculty for research in Ayurved to do full justice to it. Then K. Pt. Vipra Bandhu M A., Prof. Dayanand Ayurvedic College, Lahore delivered a short speech on "The Ayurveda and Patriotism." He said, that to uplift Ayurved, Science of your Rishis, is to industrialise your own country, to solve the problem of unemployment and to make the villege organisation more practicable through the Vaidyas. In the end he appealed to the public, specially to the gentry, to give an equal chance to the Vaidyas to try Ayurvedic System of treatment in at least public hospitals like Shrimati Gulab Devi Trust Hospital. He said that it is only then that the public shall know the efficiency of

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Ayurvedic treatment for Indians. Then he brought to the notice of the public the baseless partial and poisoness propaganda made by Dr. Dhram Virji against Indigenous system of treatment in the papers and requested the public to discourage such mean action at once. Then the yearly report was read out by Dr. Asa Nand M.B. B.S, the Vice Principal. It was clear from the statistics that the institution was progressing with a marvellous speed inspite of the shortage of fund. In the end, the public attention was drawn towards the requirements of the institution like a Cold Storey in the Dissection Block, a separate building for Boarding House, a female ward in the Hospital, a Dental Dept. etc., etc. Then the Medals, Degrees and Prizes were distributed to the successful students by the worthy president. He then addressed the students and advised them to work honestly, selflessly and whole heartedly in the cause of the Ayurvedic Science. They should not charge the patients even at the death beds like their Allopathic friends. Then he pressed upon the college authorities the necessity of the chair for research work. In the end he thanked the D. A. V. College, Managing Committee for the honour they have done him by selecting him to preside over the function. Then L. Devi Dial Ji, Prof. D. A. V. College, thanked the president and the meeting ended with cheers.

K. Vasa Dev,
Secretary,
Student's Association,
Dayanand Ayurvedic College, Lahore.

Reviews and Notices of Books

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BALATANTRA

Taking Sushruta's Verse. "कौमारभृत्यं नाम कुमारभरण धात्री सारदोष संशोधनार्थं दुष्टस्तन्य ग्रहसमुत्थनांच व्याधिनामुपशमनार्थं" सु. सू. as the theme, this book is composed in two parts. The 1st part contains five chapters, first dealing with Post Natal Care "बालोपचरणीयम्", second with Infant feeding "स्तन्यपानक्रमम्", third with diseases produced by suckling vitiated breast milk, fourth with diseases peculiar to infant and children, and fifth with their treatment. The second part contains two chapters, the 1st treating with grahas "Balagrahavijnaniyam," and the second with their respective treatments "Bala graha Pratisheda vijnaniyam".

The contents of each chapter have almost been given with their English translations on the pages themselves. In the supplementary portion of the 5th Chapter under the heading "children's medicines" the following medicines have been mentioned.

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1. Kumara Kalyana Ghrita
2. Ashtamangala „
3. Ashtanga „
4. Brhamhadi „
5. Pippalyadi „
6. Kanta Kari „
7. Lakshadi Thilam
8. Vyaguri „
9. Sankhapushpi „
10. Aravindasavam
11. Rajanyadi choornam
12. Bala Rasa
13. Bala jwarankusa Rasa
14. Rameswara Rasa
15. Bala Yakridari louha
16. Siva modakam
17. Dantodbheda gandatakam
18. Lavanga Chatussama
19. Dadimba „
20. Sankha Vati
21. Guda Pippali
22. Saraswata Ghrita
23. Vachadi Ghrita
24. Vachadi Choorna
25. Sarvoshadi snana
26. Bala abhyanga Tailam.

The contents of the whole book have been extracted from original resourses as Charaka, Sushruta, Vaghbhata, Ashtanga Sangraha, Raja Kumaratantra, Madhava Nidana, Sarangadhara, Yamini Bhushan's Kumara tantra, Bhavaprakasa, Ayurved Vijnana, Harita Samhita, Bhaishajyaratna yali, Yogaratnakara, Rajamartanda, Gudanigraha, Chakra Datta, and from various present English and Indian Authors like Dr. H. Jellett, Hutchison, Holt, Mukherjee, Muthu, Still, Dutt, and Journal of Ayurveda etc. The orginals from Ayurvedic texts have been given whereunder either the name of the book or the author has been mentioned while extracts from books in English also are printed in English with the names of the authors under them.

The idea of compiling this little volume is to produce a compilation that deals with only diseases of children and their treatment in Telugu, language as such books are not available in it. Though there are a few numbering like 3 or 4, they have not been dealt in such an elaborate and full manner as to be called a special compilation on diseases of children in Ayurveda. And moreover the book is written in accordance with the syllabus of the Ayurvedacharya examination.

The foreward to this book has been written by Dr. A. Lakshmipathi, of which the following is a true translation "I consider it a pleasure to write the foreward for 'Bala tantra' a book written by my student Mr. Vallum Subbarao. Now-a-days there are a good number of Ayurvedic physicians who are fully conversant with the shastras on Ayurveda. Also there are allopathic doctors who are efficient in allopathy, who being unintelligent of sanskrit language as a consequence of which not having any touch with the indigenous system of medicine are following western principles and thereby are becoming helpers to the sale of foreign medicines. Mr. Subbarao had written this book gathering his information from the two shastras (allopathy and Ayurveda). There is no doubt that the native physicians should honour

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such a book. In future may Subbarao and others be encouraged for such researches."

The book is published by the author only at Valluru (Via), Ponur P. O., Guntur Dist. Price Re. 1-8-0; postage extra.

Medical News & Notes

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THE INDIGENOUS DRUGS OF INDIA AND THEIR ECONOMIC ASPECTS.

By Lt.-Col. R. N. Chopra, I.M.S.

India's Foreign Trade in Drugs.

The economic importance of the first proposition can only be fully appreciated by studying the position of the drug trade of India. A study of the figures of the total values of imports and exports during the last 25 years brings out some remarkable facts. For the purposes of comparison I have put them in the form of a graph,* the upper curve representing the import and the lower curve giving the export figures. Apart from the peaks and depressions at various points, the curves show a gardual tendency to rise, thereby indicating that both the import and export trades have considerably increased during the last 20 years. Thus in the year 1908-09 the value of drugs exported from India amounted to Rs. 15.5 lacs against imports which amounted to Rs. 73 lacs. In the year 1928-29 the export and import value of drugs were respectively 42 lacs 200 lacs. This shows the remarkable extent to which the trade has increased and at first sight this would appear to be a very satisfactory state of affairs. A closer scrutiny, however, reveals that the imports are proportionately very much larger than the exports. This means that while much raw material is going out of the country, very considerable quantities of refined preparations manufactured in foreign countries are coming into the Indian Market.

If we now go a little more into detail and study the reasons for the large excess of imports over exports, we are struck by the fact that most of the imported drugs are standardised pharmacopœial preparations, such as galenicals and purified alkaloids, in many cases manufactured from the similar drugs that have been exported. Besides these there is a large import of proprietary or patent preparations.

A perusal of table II* shows that over 100.9 lacs' worth of the former group under the heading of other sort "of drugs and medicines" and 42.8 lacs' worth of the proprietary preparations were imported in 1928-29. The proprietary and patent medicines have shown a phenomenal increase

* These are omitted here

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during the last five years, i.e., from about 25.0 lacs have increased to 42.8 lacs. This shows the increasing extent to which the Indian market is being exploited by the manufacturers of these remedies. The figures showing pharmacopœial preparations and chemicals have risen from 87.8 lacs to 114 3 lacs in 1927-28, but show a slight decrease to 100 9 lacs in 1928-29. The import drug trade, taking all round, shows a definite and marked increase during the last five years, i.e., from about 25 lacs has increased to 42.8 lacs. This shows the increasing extent to which the Indian market is being exploited by the manufacturers of these remedies. The other items of interest in this table are camphor, whose import is steadily on the increase and quinine salts which have been showing some fluctuation but on the whole show an appreciable increase.

TABLE III*

The most outstanding figures in export table III are those under the heading "Total Drugs and Medicines" which show a steady increase from 35.8 lacs to 41.6 lacs during the last five years. This may at first sight appear to be promising but for the much larger increase in value of prepared drugs imported.

It will be seen that all these drugs in crude forms are annually exported from India to foreign countries at a nominal price, are utilised in various medical and allied industries and a portion of them at any rate is returned to India in the form of expensive preparations. The finished products naturally fetch considerably higher prices and hence the increase in the export revenues only shows to what an extent the Indian raw materials are being utilised by the drug manufacturers of other countries to their own benefit.

THE DRUGS USED IN THE INDIGENOUS MEDICINE.

The second proposition of popularising and introducing new drugs to Western medicine is a more difficult problem. Since the period of decay and recompilation many of the effective remedies were lost and a number of uncertain ones came in. The result is that in the indigenous systems at the present time almost every plant and shrub growing in the country has ascribed to it some medicinal property. These beliefs, in some cases, originate from the teaching of the ancient commentators and are based on clinical data, but in others there is nothing reliable. Their introduction was empirical and often a drug was used simply because a single case happened to have derived some benefit from it. In this way remedies have multiplied without proof but by belief, and as they hail from all parts of India, no one seems to have a correct notion about their uses and properties. The employment of a large number of them

* Omitted.

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would thus appear, as in Western medicine, to have been based on empirical evidence that has been handed down from generation to generation. A thorough and complete research into all these drugs would occupy the life-long work of innumerable chemists, pharmacologists and physicians. For practical purposes the method adopted has been to make use of the experience of the exponents of those systems. Further, we are taking up those drugs which have great local reputation for investigation before touching the less reputed remedies. Besides, many of these drugs have been clinically tried by some of the medical men practising Western medicine and who have expressed their opinion regarding their efficacy and this has also been helpful to us in the selection of drugs to be investigated.

Dr. Koman, of Madras, some years ago made a clinical study of the medicinal properties of a large number of the indigenous drugs. According to him a number of drugs were of value when tried on patients, but he recommends that further research on scientific lines is necessary before they can be recommended for the universal adoption.

A retrospect of results achieved :—The investigation of drugs used in the indigenous medicine was started nearly a decade ago and much has been accomplished during this short space of time. A number of important medicinal plants prescribed by the practitioners of the indigenous systems have been carefully investigated from every point of view and the results have been published from time to time. Their chemical composition has been determined, the pharmacological action of the active principles worked out by animal experimentation and finally suitable preparations made from the drugs have been tested on patients in the hospital. It is only by such a thorough enquiry that the real merits of these drugs can be proved and a demand created for them not only in India but in other parts of the world as well. This laborious work has brought out the merits and qualities of certain drugs and it has been shown that they may prove to be very useful additions to the present armamentarium of the medical men to relieve the sufferings of humanity if they are taken into general use. Such drugs, unfortunately, are not many. A large number of those examined showed a certain amount of activity but were not found to be superior, in fact, in many cases, are not nearly so efficacious as the drugs already possessed by the pharmacopœias. A third group of these drugs comprised of those remedies which although largely used in the indigenous medicine were found to have little or no activity at all.

How to Effect Economy and bring the Treatment within the Means of the Masses.

The third and the last proposition is to effect economy, so that these remedies may reach the masses. This is only possible if the price

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of the drugs be considerably reduced, for in a poor country like India, there are millions of people who cannot afford any kind of treatment, whether cheap or expensive, and have, consequently, to depend upon charitable medical relief institutions. The cost of drugs is so heavy that most of these institutions, which have only a limited annual budget for drugs, are not able to cope with the demand for such common and essential drugs as quinine, castor oil, magnesia, etc, to say nothing about the expensive medicines which are sometimes necessary.

The only way in which drugs can be cheapened and brought within the means of the masses is to utilise the local resources and substitute the indigenous products for the more expensive imported preparations of the Western medicine. This can be done by encouraging the production, collection and manufacture of the local *Materia Medica*, by preparing pharmaceutical preparations in a systematic manner. By local production and substituting equally potent drugs of Indian origin for the imported drugs, the cost of treatment can be considerably reduced. We have already made reference to these remedies and the possibilities of their development. Their active principles can be isolated, and standardised preparations, such as tinctures, extracts, powders, etc., can be prepared without difficulty with inexpensive apparatus If this is done on a large scale it will be possible not only to save the sea-borne freight but many other charges. Crude drugs, we have pointed out, are exported from India at a very low price and are reimported in many cases in the form of refined, standardised preparations at many times their original price. Carriage and freight charges to and from the port of import and export have to be considered at both ends. The actual sea-borne freight may not be much, but the insurance charges, agents' commissions, export and import customs duty and excise duty on alcoholic preparations greatly increase the price to beyond the means of the ordinary ryot in India, as the consumer must eventually pay all these charges. Besides that, owing to cheapness of labour in this country, enormous reduction in the cost of manufacture could in all probability be effected.

USE OF CRUDE DRUGS.

Secondly, by using crude drugs and preparations, the cost of treatment could be considerably reduced. The utility of the Western medicine to the masses in India has been limited by reason of its costliness. Its further progress, in spite of all efforts that are being made, is being hampered for economic reasons : because of the poor returns of agriculture and the small wage-earning capacity of the people, those who desire can afford only the cheapest remedies and treatment. As long as the economic conditions of India remain as they are at the present time, so long will the average villager demand, and very naturally

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too, something within his means, *i.e.*, medical advice costing a few annas and the treatment costing less. The separation and purifying of the active principles from drugs or making standardised preparations naturally involve a considerable additional expense. A great many of the maladies of everyday life for which drugs are used are of a minor nature. Many of the crude drugs available in the bazars, if intelligently used, are very nearly as efficacious as the refined preparations and the substitution of such cheap products is bound to bring down the cost of treatment to a minimum. Crude vegetable purgatives are often as effective as the elaborated products. Economy can also be effected in many of the most widely-used drugs in this country and many examples can be cited. For many years quinine was separated from the total alkaloids of cinchona bark under the impression that it was the only effective alkaloids against malarial infections. The isolation and refining of this alkaloid naturally made it more expensive. The researches of Acton, McGilchrist and Fletcher have conclusively shown that the other three of the main alkaloids occurring in the bark are also effective against this one of the most widespread of all diseases in the tropics. The total alkaloids of the bark in the form of cinchona febrifuge, therefore, were extensively tried and after careful observations have been found to be quite as effective as the purified quinine itself. During the war the price of quinine went up to Rs. 55 per pound and, although it has come down considerably of late years, it is still fairly high. The result is that most of the hospitals and dispensaries in the mofussil, who have got a limited annual budget, can only afford a limited quantity of this important and essential drug, which is quite inadequate to meet the demand. In order to supply quinine, the supply of other often important drugs has to be curtailed. The substitution of the total crude alkaloids (cinchona febrifuge) in place of purified quinine has not only effected a great saving (large quantities of quinine salts are being imported), but has done much to bring the treatment of malaria within the means of the poor, thus alleviating the sufferings caused by this one of the most universal and incapacitating of all diseases in this country. The total alkaloids of ipecacuanha have also been shown to be nearly as effective against amoebiasis, which is also very prevalent in this country, as pure emetine. Then, again, in the case of *H. antidysenterica* it has been found that the total alkaloids and the galenical preparations made from the bark are better than purified conessine. The tincture made from *Ephedra vulgaris*, introduced by the author, is just as effective in the treatment of asthma, cardiac failure, etc., as the very expensive alkaloid ephedrine. Such examples may be multiplied. It should be possible to prepare tablets from many of the indigenous drugs which could be sold at a very cheap price. Attention to this subject is of great importance to this country, because economy and low cost of advice and

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treatment are of paramount importance to any plan of medical relief that can hope to succeed in our country.

The resources of India are vast and inexhaustible and it can be said without any exaggeration that India can supply the whole of the civilised world with medicinal herbs. Leaving aside the drugs used in the indigenous systems for the moment, whose therapeutic value has not been investigated, in the majority of instances on scientific lines, most of the pharmacopœial drugs grow in great abundance and a careful survey of medicinal plants growing in India is in progress, and it is shown that three-quarters of the pharmacopœia are found to grow in some part of India or other.

TASTE AND DIGESTION.

The Times mentions the experiments being conducted by Dr. Laird of Colgate University on the relation between food taste and digestion. It corroborates the deductions arrived at by Hindu physicians (Ayurvedists) several thousand years ago. It is interesting to note that the statement of Dr. Laird to the effect that "sweet tastes have a most beneficial effect on digestive processes" are in complete agreement with the conclusions arrived at by Charaka, Susruta, Vagbata and others.

It is most interesting to speculate on other points of corroboration which may evolve out of further experiments by Dr. Laird, and to watch with interest the points of divergence and the basis therefor. The conceptions, in brief, of tastes as taught by the followers of Hindu medicine are as follows :

There are two types of taste—one, Rasa, as recorded by the tongue, and the other, Vipaka, the taste of food after it has been acted on by the secretions of the mouth and stomach. Rasa taste is divided into six subdivisions—sweet, sour, bitter, salty, pungent and astringent. Vipaka taste has three subdivisions, sweet, sour and pungent, as salty substances are altered by chemical changes into sweet and the bitter and astringent into pungent.

The relation between the six tastes of foods and medicines to their bio-chemic values is the subject of many books, On the compatibility or incompatibility of tastes in food, on the overindulgence in foods of one taste and its chemical effects, many a learned Hindu wrote. Of course, to all these rules on tastes of food exceptions were made.

The restorative or healing values of tastes were considered to be as follows : Sweet was the taste whose value to the body economy was of the highest value. Next in value was the sour taste, followed in rotation by tastes of diminishing values, salt, bitter, pungent and astringent.

WALTER SETH KIPNIS.

West New York, N. J., Feb. 24, 1931.

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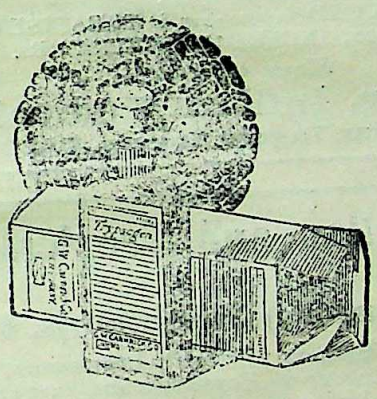
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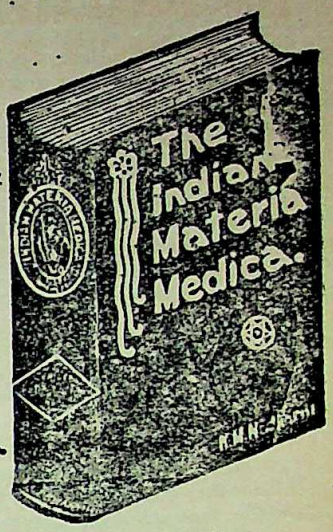
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